

DAY CAMP REGISTRATION AND HEALTH FORM 2021

For St. Paul/UMC VBS with programming by Ingham Okoboji Lutheran Bible Camps

Please print clearly. This form may be copied. Please use a separate form for each camper.

Please review and sign the Conduct Covenant and complete T-shirt information on the back of this sheet.

Return your completed Day Camp Registration Form to the St. Paul Lutheran Church Office.
Fees (payable to St. Paul Lutheran): \$20 per child, \$50 max per family

Personal Information	
Child Name: _____	Grade (in Fall 2021): _____ Birth Date: _____
Age: _____ Sex: M / F 1st Time day camper? Y / N (If PresK, must be 4 and have had structured preschool experience)	
Address: _____ City, State, Zip: _____	
Parent/Guardian Name(s): _____ Phone: _____	
Email: _____ Work Phone: _____	
Emergency Contact and Phone #: _____	
Siblings attending Day Camp: _____	
Home Church: _____ City: _____	

All pertinent medication must be brought to the local Day Camp Director in their original containers.

<p>Insurance Information</p> <p>Insurance Company: _____</p> <p>General Health Information</p> <p>Chronic or recurring illness or medical condition that may affect Day Camp life: _____</p> <p>Policy #: _____</p> <p>Allergies (i.e. food allergies, bee stings, etc.): _____</p> <p>Dietary restrictions (i.e. vegetarian, lactose intolerant): _____</p> <p>Policy Holder's Name: _____</p>	<p>Immunizations (circle Yes or No)</p> <p>DPT (series of 3) Yes or No</p> <p>Polio Immunization Yes or No</p> <p>MMR (Measles/Mumps/Rubella) Yes or No</p> <p>Date of last Tetanus: _____</p>
<p>Permission</p> <p>I give my permission for my child to participate in all aspects of the Day Camp program. I understand that every effort will be made to contact me if my child needs emergency medical treatment. I authorize medical personnel, the local Day Camp coordinator or Day Camp staff to secure any medical or emergency treatment as deemed necessary for my child. I or my insurance company will pay for any medical treatment if costs are incurred. I give permission for any picture or video taken of my child to be used for promotional purposes. I understand choosing to send this child to day camp may increase their risk of being exposed to COVID-19, agree to pre-screen this child for symptoms prior to arrival at day camp, not send this child if I suspect they are ill, and understand there may be social distancing requirements expected of this child set by the camp and church.</p>	

X _____
Parent/Guardian Signature Date

