**Wilderness Camp**

**July 31-August 4th, 2017**

 **Sheridan Lake**

# Registration and Medical Release Form

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade completed \_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church you are coming with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency notify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past Medical History**: (Please check those appropriate to your child.)

 Date of last tetanus shot \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Has your child experienced: heart trouble\_\_\_\_ diabetes\_\_\_\_ dizziness\_\_\_\_ stomach upset\_\_\_\_ hay fever\_\_\_

 Does your child have allergies to: food\_\_\_\_ drugs\_\_\_\_ insect bites \_\_\_\_ stings\_\_\_\_ poisonous plants\_\_\_\_\_

 Previous operations or serious illness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Current medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Permission to give the following over-the-counter medications: aspirin \_\_\_\_ Tylenol \_\_\_\_ ibuprofen \_\_\_\_\_\_

 Pepcid \_\_\_\_iodine \_\_\_\_Excedrin/anacin \_\_\_\_cold medication\_\_\_\_ antihistamines \_\_\_\_other \_\_\_\_\_\_\_\_\_

 Special diet requirements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Childhood diseases: chicken pox \_\_\_\_measles \_\_\_\_whooping cough \_\_\_\_other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please list any special conditions that have not been covered by above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Please attach a copy of insurance information**

## **Permission for Treatment of Injuries of Illness (must be completed)**

**I give my permission** for camp staff or designated sponsors to obtain medical attention for my child in case of sickness or injury while participating in church related activities for my child (ward), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, during camp.

**I/we, the undersigned, do hereby release, remiss, and forever discharge** all sponsors and staff of First Southern Baptist Church from all claims, demands, actions, or cause of actions, past, present, or future arising out of any damage or injury while participating in the activities held at Wilderness Camp

**I give my permission** to First Southern Baptist Church to photograph and/or videotape my child for use in any future promotional material.

**I give my permission** for the First Southern Baptist Church and camp staff/sponsors to transport my child on any authorized trips.

**Signature of Parent(s) or guardian(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Witness (Friend or Notary Public) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Every person attending this camp must fill out and bring this form to camp. If you are attending with another church you will need to present these forms at registration on Monday. If you have any questions please call me Russ Grim cell # 605-830-8911 home # 605-835-9442.