



## Personal Information

Camper's Full Name: (Last, First, Middle) \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender: ☐ M ☐ F T-Shirt Size: (Child S,M,L, Adult SMLXL) \_\_\_\_\_

Parent/Guardian Names (Primary contact): \_\_\_\_\_

Address: (Street City, State): \_\_\_\_\_

Parent/Guardian Phone: (Primary/cell) \_\_\_\_\_ (Home/Other) \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

### If not available or in an emergency contact:

Contact 1 Name: _____	Contact 2 Name: _____
Relationship: _____	Relationship: _____
Contact Number: _____	Contact Number: _____
Other Information: _____	Other Information: _____

## Health History Medical Information

**Medical Conditions:** Please list all relevant to attend camp, use the back of this page if necessary.

☐ Essential vaccinations, ☐ Does not have any contagious conditions, ☐ Requires regular medical treatment

Select all that apply; ☐ Diabetes ☐ Seizures ☐ Asthma, ☐ Allergies ☐ Chickenpox,  
☐ Whooping Cough ☐ Erythema (Fifth Disease), ☐ Roseola Infantum (Three-Day-Fever),  
☐ Head Lice, ☐ Gastroenteritis (Stomach Flu)

Please provide any additional medical conditions or information: see last page for additional space if needed.

**Allergies & Treatments:** Please list all you are aware, use the back of this page if necessary.

**Prescriptions:** Please list all brought to camp in the original container.

I authorize the camp directors or nurse to provide necessary medical treatment. Initial: \_\_\_\_\_

☐ Acetaminophen ☐ Ibuprofen ☐ Cough drops ☐ Antacid ☐ Topical Antiseptic

<p><b>Packing list*</b></p> <p>[ ] Bible</p> <p>[ ] Sleeping bag</p> <p>[ ] Pillow</p> <p>[ ] Special Sleeping Aids (Stuffed toy, Blanket)</p> <p>[ ] Clothing for the week (allow for weather variations, enough changes for the entire time)</p> <p>[ ] A bag for dirty laundry</p> <p>[ ] Toiletries (toothbrush, toothpaste, soap, shampoo, hand towel)</p> <p>[ ] Two large towels</p> <p>[ ] Swimwear (one-piece for girls) lifejacket if needed</p> <p>[ ] Flashlight</p> <p>[ ] Bug repellent</p> <p>[ ] Sunscreen</p> <p>[ ] Jacket</p> <p>[ ] Prescription medication (Camp Nurse will; check items during drop-off and discuss any instructions)</p>	<p><b>What your Child should not bring</b></p> <p>[ ] Basic food (Staff and Kitchen are prepared to nourish your camper)</p> <p>[ ] Candy (So will be provided by staff)</p> <p>[ ] Balloons</p> <p>[ ] Water guns</p> <p>[ ] iPod, iPad, tablets, or entertainment electronic</p> <p>[ ] Cell phones</p> <p>[ ] Weapons</p> <p>[ ] Valuables</p>
	<p>**Label important items with your camper's name</p>

\*Our pile of Lost and Found grows each year. Please have a good idea of what items your camper has brought, label as much as you can and ask your camper to be responsible for keeping track of their belongings. Our Counselors will help as much as possible. There will be a lost and found box available at the end of camp, please check it before you leave.

## Interests and hobbies

<p>Check those activities that apply;</p> <p><input type="checkbox"/> Basketball <input type="checkbox"/> Boating <input type="checkbox"/> Baseball</p> <p><input type="checkbox"/> Swimming <input type="checkbox"/> Music <input type="checkbox"/> Singing</p> <p><input type="checkbox"/> Drama <input type="checkbox"/> Reading <input type="checkbox"/> Crafts <input type="checkbox"/> Pets</p> <p><input type="checkbox"/> Nature <input type="checkbox"/> Hiking <input type="checkbox"/> Outside games</p> <p><input type="checkbox"/> Inside games <input type="checkbox"/> Bible study</p>	<p><input type="checkbox"/> Camper can participate in water activities</p> <p>List any physical limitations;</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Camper buddy, if you have a preference? (Name)</p> <p>_____</p>
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Has your child been away from our parents more than two days? ☐

How easy does your child make friends? ☐ Very easy ☐ Easy ☐ Not easy ☐ Difficult

**Sleeping habits:** ☐ Light ☐ Heavy ☐ Sleepwalker ☐ Nightmares

☐ Bedwetting, frequency \_\_\_\_ How is this handled at home? \_\_\_\_\_

**Fears Does:** your child have any specific fears? \_\_\_\_\_

**Appetite:** ☐ Normal ☐ Above normal ☐ Below normal

**Health:** ☐ Excellent ☐ Normal ☐ Below normal

**Emergency limit power of attorney**

## Release:

I, (We) the parent(s) or legal guardian(s) of (listed on page one as the camper) hereby grant permission for our child to participate fully in Trinity Lutheran Bible Camp, and hereby grant the bearer of this release permission to authorize necessary medical treatment including but not limited to a visit to the doctor or hospital, emergency surgery and administration of necessary medications. I (We) assume responsibility of all, if any, medical bills incurred due to emergency treatment. I. (We) further hereby agree to hold harmless and indemnify Trinity Lutheran Bible Camp, it's directors, employees and staff, for any liability sustained by Trinity Lutheran Bible Camp as the result of neglect, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Insurance company \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy

Holder \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Contact

Number \_\_\_\_\_

## Consent and Acknowledgment

I, the undersigned, acknowledge that the information provided is accurate to the best of my knowledge. I give permission for the camp staff to seek emergency medical treatment for my child if necessary.

Signature of Parent(s) or Legal Guardian(s)

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

<b>For Office Use Only</b>	Paid before June 15 <sup>th</sup> _____	
Date Received _____	Amount Received _____	Balance Due _____
Campership Funds _____	Receipt No _____	Registration No _____
Health Form Received _____	Info Sheet _____	Power of Attorney _____

### Additional Note:

[illegible]