

Cornerstone Kids Camp Camper Registration Form

Please carefully read and complete this entire form and sign on the next page.

Last Name: _____ First Name: _____ Gender: _____
Birth Date: _____ Grade Entering fall 2011: _____
Address: _____ Home Phone: _____
Parent/Guardian: _____ Home Phone: _____
Address: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Child's T-shirt Size: Youth S Youth M Youth Large Adult S Adult M Adult L

HEALTH DISCLOSURE STATEMENT: For the protection of your child's safety and the well being of Kids Camp and the other campers, FULL disclosure must be made regarding any physical, social, and/or psychological conditions present during the last year for this camper.

ALLERGIES: Check the allergies that apply to your camper:

- This camper is allergic to the following medication(s): _____

- This camper is allergic to mold, dust, insect stings, poison ivy, etc.
If so, describe their reaction and what is done to manage it: _____

CHRONIC CONCERNS: Check below all that pertains to your camper and provide information about health care that supports the concern.

- This camper has no chronic health concerns and is capable of full participation in the camp program.
- This camper has the following health concerns:
- ___ Asthma
 - ___ Diabetes
 - ___ Anorexia, Bulimia, any other eating disorder
 - ___ Depression, ADD, ADHD, Oppositional Behavior Disorder
 - ___ Frequent Ear Infections
 - ___ Migraine Headaches
 - ___ Enuresis (bed-wetting)
 - ___ Any other chronic illness such as Crohn's Disease, anemia, seizures, Turrets

Please provide supportive health care needed for each item checked above: _____

MEDICATION: Please provide complete medication information below. Bring enough medication to last the entire trip. Prescription medications MUST be in a pharmacy labeled container with appropriate camper's name on it. This camper takes routine medication as follows:

Name of Medication: _____
Reason for Taking: _____
Dose taken: _____
When dose is taken each day: _____

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Reason for taking: _____
Dose taken: _____
When dose is taken each day: _____

IMMUNIZATION HISTORY: Please provide the month and year for each immunization.

Tetanus or last DPT: _____

MMR: _____

GENERAL HISTORY: Check the appropriate response for each statement.

- Yes No This camper has had chicken pox or varicella vaccination.
 Yes No This camper has had mononucleosis in the past twelve months.
 Yes No This camper has a history of illness, injury, or surgery or a hospitalization in the last year that will affect participation.
If yes, please explain: _____

Name of camper's physician: _____ Office Phone: _____

Name of camper's dentist: _____ Office Phone: _____

Please provide additional information about your child's health, if needed, by attaching a written page on this form.

BILLING INFORMATION FOR HEALTH CARE:

Insurance Provider: _____ Group Number: _____

PARENT CONTACT INFORMATION:

Please provide contact information for other people who know your child and with whom we can make contact if we cannot reach you. We will assume you have spoken with these individuals and they are willing to assist should the need arise.

First Parent Contact: _____ Daytime Phone: _____

Second Parent Contact: _____ Daytime Phone: _____

PARENT GUARDIAN AUTHORIZATION FOR HEALTH CARE: To the best of my knowledge, all information provided on this form is accurate and complete. The person herein described has my full permission to participate in all camp activities and is in good health. I hereby give my permission to the physician selected by the camp director to order x-rays, routine tests, and treatment for the health of my child. In the event I cannot be reached in an emergency,

I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and order injections and/or anesthesia and/or surgery for the camper as named above. I also give permission for the camp nurse or director to administer over-the-counter medications to my child as needed. I understand that the camp director reserves the right to send home a camper whose medical condition becomes unmanageable and places the camper or camp at risk in the camp environment.

Parent/Guardian Signature: _____ Date: _____

SOME FINAL INFORMATION:

Roommate Request: Each camper can list up to THREE potential roommates. Cabins will be divided by grade and gender. Roommate requests can be made but are not guaranteed.

1. _____
2. _____
3. _____

Any other information we need to know?