

Laclede Baptist Association Camp

HEALTH REGISTRATION

(Please Print)

Please complete and return this form with the Camp Registration Form.

Please choose one: Family Camp Youth Camp Children's Camp

Camper/Worker Name

Parent/Guardian (if applicable)

Address

Home Phone Work Phone

In case of an emergency notify: (other than parent)

Name Phone

Are you (camper) under the guardianship of the court, government agency or foster? Y N

Please check if you have had a history of the following:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Athletes foot | <input type="checkbox"/> Sleep walking |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Upset stomach | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Sinus trouble | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Kidney trouble | <input type="checkbox"/> Emotional difficulty |
| <input type="checkbox"/> Ear trouble | <input type="checkbox"/> Allergies | <input type="checkbox"/> Other | |

Instructions on any marked above:

Are you currently taking any medication? Yes No

If yes, list medication(s) and dosage instructions

Blood type (if known) Date of last tetanus shot (if known)

Activities that should be restricted

Family Doctor Phone

In case of Emergency, I understand that the people listed above will be notified if possible and I hereby give permission to the Physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child (or myself) as named above.

Signed Date

NOTE: Laclede Baptist Camp insurance is only a secondary insurance. The camper's insurance is the primary insurance.

Name of camper's insurance: Phone

Policy # Group

(Please keep this page for reference-Do not return with registration)

THINGS TO BRING TO CAMP

Please, mark all items with your name!!

DO NOT BRING (not allowed!):

Cell Phones & MP 3 Players
Sun tan **Oil** – oil hurts pool
Radios/Recorders
Hand-held video games
Personal ice coolers
Jewelry
Valuable items
Fireworks
Drugs
Alcohol
Pornography
Weapons/pocket knives
No Pets

Linens & Bedding (twin beds):

Towels
Wash cloths
Sleeping bag or 2 sheets
Blanket
Pillow

Personal Health Care Items:

Soap
Toothbrush
Toothpaste
Comb/brush
Deodorant
Shampoo
Medication (check with nurse
Immediately upon check-in)
Sunscreen (**oil free**)
If you use oil – shower before
entering the pool!
Bug repellent

Clothing:

Pajamas
Robe
Shorts (NOT SHORT-SHORTS)
Jeans (at least one pair with long legs)
Underwear
Socks
Light jacket or sweater
Swim suit (one piece)
Shoes (2 pair)

Study Materials:

Bible
Pencil
A memory book for signatures, etc.

Money:

It is suggested that campers bring money for a mission offering. They will not need spending money.

ALSO BRING:

Disposable camera if wanted
Good disposition
Patience
Cooperative spirit

PLEASE NOTE:

If anything is left at the camp, please check at the association office. Anything left for a month after camp is over will be given away!