

# FOREST HILLS WESLEYAN CHURCH

# KIDS KAMP 2017

Camper's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent / Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade camper completed in 2017 \_\_\_\_\_ Age \_\_\_\_\_

T Shirt Size (**adult**) circle one:    Small        Medium        Large        X Large        XX Large

To ensure that your child receives the proper t-shirt size, please pre-register by June 30<sup>th</sup>. A \$30.00 pre-registration fee is due with this form. This amount will be deducted from the \$100 camp fee. The balance of \$70 will be due on Monday, July 10<sup>th</sup>.

**Camp registration will be accepted July 10<sup>th</sup>.**  
**Make checks payable to: Forest Hills Wesleyan Church**

My child has my permission to take part in this camp. I give the camp directors and the camp nurse permission to tend to my child's medical needs. I understand that the camp directors will make every effort to contact me if in the unlikely event a problem does occur. Even if I can't be reached immediately,  
I want my child's safety to be of paramount importance.

*I hereby consent to let my child / youth, \_\_\_\_\_, attend the*

Student Name

*Forest Hills Wesleyan Kids Kamp, July 10<sup>th</sup> – 14<sup>th</sup>, 2017 at Orleans Camp Grounds. It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of an accident or sickness, Forest Hills Wesleyan Church, its staff and its workers are hereby released from any liability.*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Printed Name* \_\_\_\_\_ *Phone* \_\_\_\_\_

## For Official Use Only:

Pre-Reg. Fee Paid  
 Medical Form

Total Fee Paid  
 Snack Bar

Registration Form

# MEDICAL RELEASE FORM

## FOREST HILLS WESLEYAN CHURCH KIDS KAMP 2017

Camper's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

\_\_\_\_\_

Parents'/ Guardians' Names: \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

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

1. Are there any special procedures you use to treat common ailments such as headaches, upset stomach, diarrhea, and such? If so what are they?

2. Does your child have any allergies?      Yes      No

If yes, to what?

bee sting      pollens      hay, straw      penicillin      peanuts

Food Allergies (please list) \_\_\_\_\_

Drugs Allergies (please list) \_\_\_\_\_

*How do you handle your child's allergic reactions?*

3. Has your child ever had:

seizures      asthma      diabetes      homesickness      heart disease

Other (please list)

4. Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?                       Yes     No

If yes, please explain:

5. Is your child bringing any medication with him/her?                       Yes     No

If yes, please list and state dosage:

***Please Note: Medication should be in its original prescription bottle/package, which should have administration instructions and the child's name clearly indicated.***

In the case of medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative of FOREST HILLS WESLEYAN CHURCH to administer medication as identified above (see # 5) and to secure proper medical treatment.

*Parents will be notified immediately of any medical emergency.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone: (    ) \_\_\_\_\_

Person to contact if parent/guardian cannot be reached: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_