

St. John Lutheran Church
 207 Adams Street, Port Clinton, OH 43452
 Host Congregation and/or Location

July 10-14, 2017
 Dates of Camp

LOMO Day Camps & Amazing Grace Day Camps Registration, Health, & Permission Form

(Please print legibly. Parent or guardian is to complete this form in pen. Thank you.)

Camper Information:

First Name: _____ Last Name: _____

Street Address (or P.O. Box): _____

City: _____ State: _____ Zip: _____

Male ___ Female ___ Grade **Completed** : _____ Birthdate: ___/___/___

T-Shirt Size (Applicable for Congregation Use): YS YM YL AS AM AL

Home Church _____ City _____ Pastor _____

Parent/Guardian Information

First & Last Name: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail: _____

Additional Parent/Guardian Information

First & Last Name: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail: _____

Additional Emergency Contact Information:

If the parents or guardian are not available in an emergency, notify:

Name _____ Phone/cell: (____) _____

Name _____ Phone/cell: (____) _____

During Day Camp, how will your child come and leave from the day camp site? (Circle all that apply) Walk Bike Car

The following person(s) is/are permitted to pick up my child from Day Camp:

1. _____ 2. _____

3. _____ 4. _____

DO NOT release my child to the following person(s):

1. _____ 2. _____

For office use (LOMO Outreach Day Camps):
 Expense for week of Day Camp \$XXXXXXXX Amount received \$XXXXXXXX Date Received XXXXXXXXXXXX Balance \$XXXXXX



This exact form is required for each day camper. It is to be filled out in pen by the parent or guardian. Please copy this exact form only on white or light colored paper.

www.lomocamps.org

Day Camp Registration, Health and Permission Form - continued

Camper's Doctor _____ Phone:(_____) _____

Camper's Dentist _____ Phone:(_____) _____

Health Insurance Company: _____ Policy Holder's Name: _____

Policy Group Numbers: _____ Policy Number: _____

List any disability or recurring illness: _____

Note any activities to be limited: _____

Specify any dietary concerns or limitations: _____

Include current medication or medical treatment:

Name:	Dosage:
1. _____	_____
2. _____	_____
3. _____	_____

Note: All medications sent to camp must be in the original containers and given to the Church Coordinator.

Note all allergies: ___Bee Stings ___Aspirin ___Penicillin ___Peanuts ___Other: _____

Immunization Record:
Check if current.

DPT _____ Series

Mumps _____

Measles _____

Rubella _____

Polio _____ Series

Hepatitis B _____ Series

TB Test Result: _____

Date of Tetanus Booster: _____

Please provide any other information or restrictions that might help the Day Camp staff and volunteers care for your child's health at camp (behavior, physical, emotional or mental health):

Release: I hereby given permission for the camper, previously named, to participate in all day camp activities and off site field trips, except as previously noted. I also consent to the use of any photograph or video recordings of my child or family in future LOMO or ELCA publications.

I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. But if it is important to do so, I hereby give my permission to the physician selected by the Camp Staff to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child as named above. I further authorize the church coordinator, or their designee, to administer over the counter drugs and medications as needed.

_____ Date _____ Please Print Name _____ Parent/Guardian Signature _____