



CHILDREN'S CAMP



Camp Date:

July 19-23, 2021

► Staffed by Nebraska Churches
(Registration Deadline July 12, 2021)

Fee BEFORE June 19: **\$90.00**
Late Registration Fee*: **\$130.00**
(*You may not receive a t-shirt.)

Circle a T-shirt size:

Youth Sizes: Sm (6-8) • M (10-12) • L (14-16)
Adult Sizes: Sm • Med • Large • XL • XXL

Church You Are Attending With: _____

CAMPER INFORMATION

This form is to be completed by the participant's parent or legal guardian and must be returned before the individual may attend Children's Camp.

Name: _____

Phone Number(s): _____

Name Child Goes By (For Nametags) _____

GENDER (Circle One): M F Date of Birth: _____ Age: _____

Last School Grade Completed: _____

Mailing Address: _____

City _____ State _____ Zip _____

We will be taking group photos and candid activity shots throughout the week for use in future camp promotion materials. May we have permission to include your child in these photos? Y N

CURRENT MEDICATIONS AND ALL OTHER MEDICAL INFORMATION MUST BE ATTACHED. Please also list any commonly used over the counter medications that your child may need for allergies, pain, upset stomach, etc... specify preferred brands.

HEALTH INSURANCE COVERAGE

Our camp has an insurance program to pay for the medical expenses of injuries that result from an accident that occurs while anyone is involved in an event sponsored by us. Our policy **DOES NOT** cover illness. Furthermore, our insurance is **SUPPLEMENTAL** to the insurance you carry yourself. Our policy will pay whatever your insurance does not pay (including deductibles) of any covered expense up the limit of our policy. If you do not have medical insurance, our policy will pay for all covered expenses up to the limit of our policy. If medical care is needed, expenses will be billed to you and/or your insurance company.

You may attach a copy of your medical card, but it is not required.

Policy Holder's Name: _____

Relationship to Attendee (if other than self): _____

Address of Insured: _____

Health Insurance Company: _____

Policy #: _____

Address of Company: _____

If the camper IS NOT covered by insurance, please sign the following statement:

I hereby state that I have no health insurance in force at the present time that covers the above named camper.

Signature of Parent/Guardian

Date

**Return fees and completed forms to: Your Church Appointed Camp Coordinator
Make Checks Payable to your church.**

AUTHORIZATION TO PARTICIPATE

The undersigned represents that I am the parent or guardian of the above identified minor and am giving permission for them to attend camp. This permission is given by me with the knowledge of the conditions and activities planned during the event. I know of no physical or mental disability which would impair this individual's participation except as noted below or on the reverse side of this form.

MEDICAL CARE AUTHORIZATION

I understand that in the event of illness or injury, every reasonable effort will be made to provide proper and prompt medical attention and to receive verbal authorization from me before medication is prescribed or medical procedures are begun; however, I do hereby authorize the camp nurse, physician, and/or hospital to undertake such treatment of and perform such services (including surgical services) for the individual named above as are reasonably indicated by the circumstances without such authorization. Telephone numbers where I may be reached:

Home: (_____) _____

Work: (_____) _____

Cell: (_____) _____

★ _____



Medical Information Form

Allergies *(specify)*

NONE

Animals _____

Food _____

Plants/Pollen _____

Insect Bites _____

Medicine/Drug _____

Other (specify) _____

Chronic Issues *(specify)*

NONE

Bed-Wetting _____

Ear Infections _____

Behavioral _____

Seizures _____

Bleeding Disorders _____

Asthma _____

Heart Defect/Disease _____

Diabetes _____

Other (specify) _____

HEAD LICE POLICY

In the event that a camper is found with live head lice parents will be notified to pick up their child. Please treat child before camp if necessary.

BED WETTING POLICY

If your child has overnight bladder control problems - please send along extra pajamas & protective undergarments. **Discretion will be**

Other Comments

ATTENDEE'S INFORMATION

This form is to be completed by the participant's parent and/or legal guardian or yourself if a leader. This form must be returned before the individual may attend Camp as a CAMPER or LEADER.

Name: _____ **Date of Birth:** _____

Age: _____ **Weight:** _____ (only required if under 18yrs of age)

Emergency Contact #1: _____

Phone Number(s): _____

Emergency Contact #2: _____

Phone Number(s): _____

MEDICATION INFORMATION

Any medications sent to camp need to have detailed instructions printed on the bottle/package. If your child has multiple medications, please put them all in a large zip-loc bag labeled with your child's name and a phone number where you can most easily be reached. We have an excellent nurse who dispenses all of our medications, but we need **legible** and **complete** instructions. Thank You! 😊

Medication: _____

Dose: _____ When to Give: _____

Other Information: _____

Medication: _____

Dose: _____ When to Give: _____

Other Information: _____

Medication: _____

Dose: _____ When to Give: _____

Other Information: _____

Medication: _____

Dose: _____ When to Give: _____

Other Information: _____

Medication: _____

Dose: _____ When to Give: _____

Other Information: _____