



HEARTLAND CHURCH NETWORK

# CHILDREN'S CAMP



Camp Date:

**July 19-23, 2021**

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

Fee: **\$25.00** for Food & T-shirt costs  
(Additional Fee for Background Check  
if we do not have it on file.)

**Circle a T-shirt size:**

Adult Sizes: Sm • Med • Large • XL • XXL • XXXL

## AUTHORIZATION TO PARTICIPATE

*(Under 18 MUST have signature of Parent or Guardian)*

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 my 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 here by 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. Numbers where my emergency contact can be reached:

Home: (    ) \_\_\_\_\_

Work: (    ) \_\_\_\_\_

Cell: (    ) \_\_\_\_\_

★ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church You Are Attending With: \_\_\_\_\_

I recommend this person as a Camp Leader: ★ \_\_\_\_\_

Must be signed by a Senior Church Staff Member

## LEADER 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): \_\_\_\_\_

Preferred Name for Name Tag (Pastor, Mr., Ms., Mrs.) \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CURRENT MEDICATIONS AND ALL OTHER MEDICAL INFORMATION MUST BE ATTACHED

## 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 leader 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 leader.*



Your Signature

Date

**Return fees and completed forms to: Your Church Appointed Camp Coordinator**

**Make Checks Payable to your church**

# 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: \_\_\_\_\_