

VOYAGEURS LUTHERAN MINISTRY DAY CAMP
CAMPER REGISTRATION AND HEALTH HISTORY
(Required for participation)

Camper Name _____ Male Female
Address _____ Birth Date _____ Grade completed _____
City, State, Zip _____ Home Phone _____
Parent/Guardian _____ Cell Phone _____
Emergency Contact _____ Emergency Phone _____
Health Insurance Co. _____ Policy No. _____

IMMUNIZATIONS (Give dates)

_____ DPT Series	_____ Polio Immunization
_____ Tetanus Booster	_____ Hepatitis B
_____ Haemophilus influenzae b (Hib)	_____ MMR (Measles, Mumps Rubella)

ALLERGIES (Please check and describe reactions in space provided)

_____ Hay Fever _____ Insect Stings _____ Penicillin _____ Poison Ivy
_____ Specific Foods:
_____ Other:
Reactions: _____

MEDICATIONS (List all medications currently in use)

LIST any illness, chronic condition, or physical consideration the camper has that may affect camp life: _____

OTHER suggestions that may help us to make your camper's week more comfortable or enjoyable (fears, anxieties, etc.): _____

A physical exam is not required unless the camper is under the care of a physician for a medical problem. If this is the case, give physician's name and pertinent dates and information. _____

I hereby enroll and give permission for my child to participate in the planned activities of Day Camp. I acknowledge the health of my child to be ready for camp. In the event I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Day Camp Leader or Congregational Day Camp Coordinator to secure any medical or emergency treatment deemed necessary.

Parent or Guardian's Signature (Camper cannot attend unless this is signed)

Date