

Parent/Guardian: \_\_\_\_\_

Parent/Guardian location while at day camp: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Alternative Emergency Contact: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Childs Name	Date of Birth	Current Grade	T-shirt Size

Name of Other than Parent to whom Child may be released:

1 \_\_\_\_\_ 3 \_\_\_\_\_

2 \_\_\_\_\_ 4 \_\_\_\_\_

Name of Individuals child(ren) CANNOT be released to:

1 \_\_\_\_\_ 3 \_\_\_\_\_

2 \_\_\_\_\_ 4 \_\_\_\_\_

Has the Child(ren) had the Necessary Immunizations to Attend School (please Circle) YES No

Childs Name	Physician	Restrictions	Emotional	Allergies	Medication*	Inhaler

\* If needed please provide medications in original container and instructions for dose and frequency.

I grant permission to Living Water Ministries and the host congregation to photograph, audiotape, or videotape my child for promotional use. LWM is participating in the Camp2Congregation project to examine the impacts of traveling day camp. Trained researchers will visit a small sample of our sites, observing the programs and talking with participants. Project findings will be posted on a website ([www.camp2congregation.com](http://www.camp2congregation.com)) and may appear in various camping or Christian publications. By signing, you consent to have your child participate in this project, including use of voice recording and photos.

This health history is correct and complete as far as I know. The child(ren) above has permission to engage in all camp activities except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Church, to secure and administer treatment, including hospitalization and transportation, for the child(ren) above.

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