

Registration and Health Form for VBS @ FPC!!

First Presbyterian Church of Bismarck

Monday-Thursday, July 30-August 2 @ 5:30-8 pm

For Grades entering 1st to 6th grade the Fall of 2018



Return completed form to First Presbyterian Church of Bismarck by Monday, July 16. Late registrations will be accepted.

Name _____ Birth date ____ / ____ / ____ Fall '18 Grade ____ Sex (circle) F M

Full name of parent(s) or guardian(s) _____

Address _____ City _____ State _____ Zip _____

Primary Phone #: _____ Secondary Phone # _____

Congregation you attend: _____

If parental guardians are not available in case of emergency, please notify:

Name _____ Relationship _____ Phone # _____

Child's physician _____ Clinic _____ Health insurance policy # _____

Immunizations

(*EXACT* dates required)

_____ Diphtheria, Tetanus, Pertussis
_____ Hib
_____ Measles, Mumps, Rubella
_____ Polio
_____ Tetanus Booster

Allergies

None _____
Medication _____
Food _____
Insects _____
Plants _____
Other _____

Health History (If the child has **had** any of the following, please mark with an **X**, and **N** if has **now**.)

_____ ADD	_____ Anorexia/Bulimia	_____ Appendicitis	_____ Diarrhea
_____ Asthma	_____ Behavior challenges	_____ Constipation	_____ Diabetes
_____ Ear infections	_____ Hay fever	_____ Hepatitis	_____ High blood pressure
_____ Fainting	_____ Headaches	_____ Ulcers	_____ Sinus infections
_____ Chicken pox	_____ Measles	_____ German measles	_____ Mumps
_____ Rheumatic fever	_____ Bleeding/clotting disorders	_____ Heart problems (please describe)	_____
_____ Seizures (please describe)	_____	_____	_____

Dietary concerns or restrictions _____ Physical activity restrictions _____

Please list any medications, and send with directions. _____

How will your child get to and from day camp? _____

My child has permission to participate in all aspects of the Vacation Bible School program led by Camp of the Cross Ministries, except as noted. I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. I hereby give my permission to the medical personnel selected by the congregation to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray, or surgery for my child as named above; and to arrange for or provide necessary related transportation. I understand that my insurance has primary coverage and Camp of the Cross Ministries' insurance is secondary. *I give my approval to photocopy this form for use out of camp. I give permission for pictures or video taken of my child to be used for promotion.*

Parent/Guardian Signature _____ Date _____

I promise to follow the guidance of the staff and volunteers, respect and honor the other campers, and live within the camp covenant.

Camper Signature _____ Date _____