

DAY CAMP REGISTRATION & MEDICAL FORM (Please Print)

For congregation and FLBC records

Camper's Name

Age

Grade Entering

Parent/Guardian Name

Email Address

Residential Address

City

State

Zip Code

Home Phone

Cell Phone

Work Phone

Emergency Contact Information (must be someone other than parent/guardian listed above):

Contact Name

Relationship to Camper

Phone Number

Insurance Company

Insurance Policy #

Insurance Company Phone #

Primary Physician Name

Primary Physician Phone #

Health History

Any special concerns or recurring illness: _____

Specific activities to be limited: _____

Current medication or medical treatment: _____

YES NO All immunizations required for school are up to date.

Date of last Tetanus Shot: _____

Dietary concerns/allergies: _____

Allergic to: Penicillin ___ Bee Stings ___ Other (specify): _____

Anything else the Camp staff should be aware of to better care for this camper? _____