

**CALVARY CHAPEL CHRISTIAN CAMP  
REGISTRATION and CONSENT to participate**

Every Camper under the age of 18 must bring this form to camp

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Last) (First) (M.I.)

I, the Parent of Legal Guardian of the above named student living at:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

do give my consent to have my son/daughter participate with the students from  
\_\_\_\_\_ in the Summer Camp/Retreat program offered by  
(Church name)

Calvary Chapel Christian Camp from \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_\_

**Health History:** To protect your child from possible embarrassment, but not to exclude him/her from the Program, the following information is requested. Check and give approximate dates if possible:

**General:**

Frequent ear infections \_\_\_\_\_  
Heart defect/disease \_\_\_\_\_  
Convulsions \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Bleeding/Clotting disorder \_\_\_\_\_  
Bed Wetting \_\_\_\_\_  
Sleep Walking \_\_\_\_\_  
Operations/Serious Injuries (list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Diseases:**

Chicken Pox \_\_\_\_\_  
Measles \_\_\_\_\_  
German Measles \_\_\_\_\_  
Mumps \_\_\_\_\_  
Asthma \_\_\_\_\_  
**Allergies:**  
Hay Fever \_\_\_\_\_  
Insect Stings \_\_\_\_\_  
Penicillin \_\_\_\_\_  
Other Drugs(list) \_\_\_\_\_  
\_\_\_\_\_

1. To your knowledge, has your child been exposed to any communicable diseases within the past 21 days? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, which one(s): \_\_\_\_\_

2. Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain \_\_\_\_\_  
\_\_\_\_\_

3. Please give us the name and phone number of your child's regular physician:  
\_\_\_\_\_

**4. PLEASE LIST ANY MEDICATION THAT YOUR CHILD WILL NEED TO HAVE WHILE AT CAMP:**

**MEDICATION:**

**DOSAGE:**

**WHEN TAKEN:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

Any medication (including prescriptions) to be administered during your child's time at camp usually will be administered by his/her Group Director or designated representative. All medication should be clearly labeled with all pertinent information, including student's **FULL** name, dosage, **AND** when administered, etc., and given to the Group Director on the morning your child leaves for camp.

\*\*In the event of a minor illness or injury (such as cold, headache, scrapes, sprains, abrasions, and/or small cuts), I do authorize the Camp Director, camp medical staff, R.N. or EMT to give my child common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.

**IMPORTANT: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and/or my physician. I hereby give permission to the physician selected by the Camp Director (or his/her representative) to order X-rays, routine tests, and treatment for the health of my child and to order injection and/or anesthesia and/or surgery for my child named above. This authorization is given pursuant to Section 25.8 of the Civil Code of California. This authorization shall remain effective through the extent the schedule program with Calvary Chapel Christian Camp, unless sooner revoked in writing and delivered to said agent. I further agree that Calvary Chapel Christian Camp, its Board of Directors, officers, and staff are hereby relieved of all liability in the event of accident or injury to said Minor.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work/Emergency Phone: \_\_\_\_\_

Minor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other emergency contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(neighbor\_\_\_\_/relative\_\_\_\_)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(neighbor\_\_\_\_/relative\_\_\_\_)