CAMPER MEDICAL FORM

Please print clearly. One registration and medical form per camper.

Circle o	ne: Ma	ale / Female				/	/
Camper	's Name				Birth	ndate	
Address	i						
						Zip	
Parent's	Name						
Phone							Home \bigcirc Cell
Emerge	ncy Contac	ct Name			Pho	ne	
	Medica	tions N	ONE				
			-	ntainers. Please, do not send med : prescriptions, vitamins, over-the	-		
Name				Amount		MARK ALL THAT APPLY	MARK ALL THAT APPLY
	A.M.	☐ Lunch	□ P.M.	☐ Bedtime ☐Amount	☐ As needed	MEDICAL ◆ Asthma	ALLERGIES None
	A.M.	☐ Lunch	□ P.M.		□ As needed	Diabetes	AntibioticOintment
_	A.M.	□ Lunch	□ P.M.		☐ As needed	Seizures	Bee Stings
P	nysician	and Insurance				Recent Illness or Injury	Penicillin
$\overline{}$						Other:	Other:
	-			Office Phone	ı		
				Policy #			
		nus shot:/					
	od Allei						
Camp Jo free foo allow o	oy will be hap ods for the k ur dietary st	ppy to provide and prep itchen to prepare, or b	ing your own pre-ma an meals with allerg	etary needs. You may also bring youde meals. Please notify us as soo y-free ingredients, although cross ext. 229.	n as possible to	MARKALL THAT APPLY FOOD ALLERGIES Peanuts	EggsShellfishSoy
	airy-free	☐ Eg	g-free	☐ Gluten-free		Other:	Tree Nuts

In order to provide a Christ-honoring and positive atmosphere, campers are expected to abide by all Camp Joy rules. I understand that Camp Joy is a Christian camp where Christian principles will be taught. The camp reserves the right to send campers home who are unable to adhere to the camp's conduct guidelines. I acknowledge that if my child is dismissed from camp, there will be no refund. I am aware that Camp Joy offers a variety of competitive and challenging recreational activities. While Camp Joy takes precautions to ensure the safety of all attendees, it is understood that accidents or risks of bodily injury may occur. I agree that my child may participate in all activities, and I intend by my signature a complete and unconditional release of the camp for all liability to the greatest extent allowed by law. I also agree that photos or videos of my child can be used for promotional purposes without compensation.

I give Camp Joy my consent to secure any necessary medical treatment for my child during the camping period. I also authorize any medical professional to render treatment he or she deems necessary upon consultation with the camp staff. I realize my insurance will be billed for any medical treatment as the primary coverage for my child.

I authorize the health care staff of Camp Joy to dispense my child's prescribed or over-the-counter medicine. I authorize the health care staff to treat minor injuries and administer over-the-counter medication as indicated during my child's stay at camp. I understand if my child has a communicable disease, sickness, or lice and/or nits, camp reserves the right to

take appropriate precautions, including dismissal. I certify that the above information is complete and correct to the best of my knowledge.

Parent or Guardian		Date	
	PARENT OR GUARDIAN SIGNATURE	F	

To ensure accommodations, register as soon as possible. Please fill out and include authorized signature on all forms.