



# Sugar Creek Bible Camp

## 2019 DAY CAMP REGISTRATION AND HEALTH HISTORY FORM

RETURN THIS FORM TO  
YOUR CHURCH'S DAY CAMP  
COORDINATOR BY THE  
REGISTRATION DEADLINE.

**Wisconsin State Health Code** – State law requires that this form, completed and signed, be on file at the day camp in order for the participant to attend.

NAME OF CAMPER \_\_\_\_\_ Grade (Fall'19) \_\_\_\_\_ ☐ Male ☐ Female  
Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_ Host Church for Day Camp \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home or Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Cell or Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Parent/Guardian Name(s) \_\_\_\_\_  
Parent/Guardian address (if different from camper) \_\_\_\_\_

### Health History

If none apply, check here ☐

#### Diseases/Conditions:

(Please list approximate dates.)

- ☐ Ear infections \_\_\_\_\_
- ☐ Heart Condition(s) \_\_\_\_\_
- ☐ Seizures \_\_\_\_\_
- ☐ Diabetes \_\_\_\_\_
- ☐ Bleeding Disorders \_\_\_\_\_
- ☐ Asthma \_\_\_\_\_
- ☐ MMR illness? \_\_\_\_\_
- ☐ Chicken Pox \_\_\_\_\_
- ☐ Hepatitis \_\_\_\_\_
- ☐ Fractures \_\_\_\_\_
- ☐ Operations \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### Medical Allergies

If none apply, check here ☐

#### Life Threatening?

- ☐ Bee Stings ☐ Yes ☐ No
- ☐ Penicillin ☐ Yes ☐ No
- ☐ Other Meds: ☐ Yes ☐ No

### Food Allergies

If none apply, check here ☐

#### Life Threatening?

- ☐ Dairy ☐ Yes ☐ No
- ☐ Eggs ☐ Yes ☐ No
- ☐ Seafood ☐ Yes ☐ No
- ☐ Peanuts ☐ Yes ☐ No
- ☐ Tree Nuts ☐ Yes ☐ No
- ☐ Gluten ☐ Yes ☐ No
- ☐ Other foods: ☐ Yes ☐ No

### Emergency Information

Emergency Contact Person - If Mom or Dad cannot be reached.

Phone (\_\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_

Clinic \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

### Immunizations

**Please attach a copy of camper's current immunization record.**

Tetanus/Whooping Cough (DPT, TD or Tdap)

Date of most recent immunization \_\_\_\_\_

Please list any **chronic condition** which may affect camper, any restrictions or limitations, or **attach a detailed description with directions for care:**

**Parent/Guardian Authorization:** This health form is correct as far as I know and the person herein described has my permission to engage in all activities, except those noted on this form. If I cannot be reached in the event of a medical emergency, I give my permission to the health care provider selected by the camp to give necessary medical treatment to the person listed above.

**Medical Release:** In consideration of acceptance to Sugar Creek Bible Camp, I indemnify and hold harmless Sugar Creek Bible Camp, its owners, agents, associates, and staff from any and all liability, claims, damage, injury or illness sustained by my camper.

**Parent/Guardian Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Media Release:** I give my permission for photographic and/or video images of my camper to be used in future Sugar Creek Bible Camp promotional materials or publications (including weekly DVD.) I understand Sugar Creek will not use my child's name or personal information.

☐ Yes ☐ No \_\_\_\_\_ Initials

**Sugar Creek Bible Camp Insurance Policy:** I understand that the camp insurance policy is strictly secondary coverage. ☐ \_\_\_\_\_ Initials

**Please attach a photocopy of Insurance Card (front and back.) Please check here if camper is not covered by health insurance.** ☐ \_\_\_\_\_ Initials



### Day Camp Field Trip Permission Slip



(Complete this permission slip if your child will be participating in any field trips away from the main day camp site.)

My Child, \_\_\_\_\_, has my permission to participate and be transported in any field trips taken during the Sugar Creek Bible Camp Day Camp sponsored by the church.

Parent or guardian's printed name: \_\_\_\_\_

Parent or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Dates of Day Camp \_\_\_\_\_ Church \_\_\_\_\_