



2017 Willow Creek Middle School Mission Week – REGISTRATION FORM

Only **ONE camper per registration form**,  
you may photocopy this form to register more campers  
\* Denotes a **REQUIRED** field

PLEASE ANSWER FULLY and PRINT CLEARLY

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Address\* \_\_\_\_\_ Phone\* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address\* \_\_\_\_\_

Birthdate\* \_\_\_/\_\_\_/\_\_\_ Age\* \_\_\_\_\_ Sex\* \_\_\_\_\_ Grade completed by June 2016\* \_\_\_\_\_

Custodial Parent/Guardian\* (to be used as primary contact) \_\_\_\_\_

Relationship to Camper\* \_\_\_\_\_ Phone\* \_\_\_\_\_ Alt. Phone\* \_\_\_\_\_

Secondary Contact\* (If Primary Contact is unavailable) \_\_\_\_\_

Relationship to Camper\* \_\_\_\_\_ Phone\* \_\_\_\_\_ Alt. Phone\* \_\_\_\_\_

**HEALTH HISTORY**

Any changes or updates to this form **MUST** be provided upon participant's arrival at camp

**Insurance Information\***

Is the camper covered by family medical/hospital insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

A photocopy of your insurance card is **requested**

Carrier: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

**Medications\***

If you are sending medication to camp you **MUST**: Keep all medication in its original container with correct dosage and frequency information from the doctor. Present ALL medication to the Willow Creek Camp Counselor at registration.

Please list ALL medications (prescription and over-the-counter) taken routinely.

\_\_\_\_\_ This camper takes NO medication on a routine basis

\_\_\_\_\_ This camper takes medications as follows:

Med # 1 \_\_\_\_\_ Dosage \_\_\_\_\_ Times Taken \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med # 2 \_\_\_\_\_ Dosage \_\_\_\_\_ Times Taken \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Please attach additional pages for more medications

\_\_\_\_\_ Medications taken during the school year only: \_\_\_\_\_

Continued on reverse side

**ALLERGIES\* – List all known (please use additional sheet if required)**

Food allergies \_\_\_\_\_

Other allergies (insect bites, hay fever, etc.) \_\_\_\_\_

Describe reaction and management of the reaction: \_\_\_\_\_

**HEALTH HISTORY\*** Please check if yes

Has/does the camper:

- Have a chronic/recurring illness or condition?
- Ever had frequent ear infections?
- Wear glasses or contact lenses?
- Ever passed out during exercise?
- Ever had frequent ear infections?
- Ever had seizures?

- Have frequent headaches?
- Have heart disease or defect?
- Have diabetes?
- Need any restrictions to camp activities?

Please explain any "yes" answers \_\_\_\_\_

Please provide any additional information about the camper's behavior and physical, emotional, or mental health which would help us to better understand and nurture your child

**IMMUNIZATIONS\***

Date of last tetanus shot \_\_\_\_\_

Your physician's name \_\_\_\_\_ Office Phone \_\_\_\_\_

*Please initial in the space provided ( \_\_\_\_\_ ) as agreement to all permissions requested*

This REGISTRATION FORM is correct so far as I know and by registering the camper named on this registration, I hereby give permission for him/her to fully participate in all camp activities. ( \_\_\_\_\_ )

I hereby give permission to Willow Creek Presbyterian Church, Caledonia to provide or arrange emergency care and transportation for my child in the event of an emergency. ( \_\_\_\_\_ )

In the event I cannot be reached in an emergency, I hereby give permission to the receiving hospital and physician to secure and administer treatment, including hospitalization, for the person registered on this form. ( \_\_\_\_\_ )

I hereby give permission to Willow Creek Presbyterian Church, Caledonia staff to dispense my child's prescription medication at the time(s) listed on this form. ( \_\_\_\_\_ )

I hereby give permission to Willow Creek Presbyterian Church, Caledonia to share and exchange medical information about my child with the following:

- The Willow Creek Presbyterian Church Camp Counselor(s) for my child. ( \_\_\_\_\_ )
- The emergency contact person listed on this form, if I cannot be reached. ( \_\_\_\_\_ )
- The emergency first responders and to the receiving hospital/physician. ( \_\_\_\_\_ )

I Hereby give \_\_\_\_\_ do not give \_\_\_\_\_ permission for pictures and/or video of my child to be taken and used as part of future publicity materials for the purpose of Willow Creek Summer Camp. ( \_\_\_\_\_ )

SIGNATURE of Parent/Guardian\* \_\_\_\_\_

PRINTED NAME\* \_\_\_\_\_

DATE \_\_\_\_\_