

LUTHERAN OUTDOOR MINISTRIES OF OHIO

AND PEACE LUTHERAN CHURCH

Summer Day Camp Registration/Permission Form

L.O.M.O. Camp at Peace Lutheran Church, 3740 Mayfield Rd.

June 10—June 14, 2019

Camper Information:

First Name: _____ Last Name: _____

Street Address (or P.O. Box): _____

City: _____ State: _____ Zip: _____

Male: ___ Female: ___ Grade Completed Spring 2018: _____ Birthdate: ___/___/___

Home Congregation: _____ Pastor: _____

PARENT/GUARDIAN #1 INFORMATION

PARENT/GUARDIAN #2 INFORMATION

First & Last Name: _____ First & Last Name: _____

Home Phone #: _____ Home Phone #: _____

Cell Phone #: _____ Cell Phone #: _____

Email: _____ Email: _____

Additional Emergency Contact Information

If the parents or guardians are not available in an emergency, notify:

Name: _____ Phone/cell: (____) _____

Name: _____ Phone/cell: (____) _____

During Day Camp, how will your child come and leave from the day camp site? (Circle all that apply) **Walk Bike Car**

The following person(s) is/are permitted to pick up my child from Day Camp:

1. _____ 2. _____

3. _____ 4. _____

DO NOT release my child to the following person(s):

1. _____ 2. _____

Camper's Doctor _____ Phone: (____) _____

Camper's Dentist _____ Phone: (____) _____

Health Insurance Company: _____ Policy Holder's Name: _____

Policy Group Numbers: _____ Policy Number: _____

List any disability or recurring illness: _____

Note any activities to be limited: _____

Specify any dietary concerns or limitations: _____

Include current medication or medical treatment:

Name:

Dosage:

1. _____

2. _____

3. _____

Note: All medications sent to camp **must** be in the original containers and given to the Church Coordinator.

Note all allergies: ___ Bee Stings ___ Aspirin ___ Penicillin ___ Peanuts ___ Other: _____

Immunization Record;

Check if current.

DPT _____ Series

Mumps _____

Measles _____

Rubella _____

Polio _____ Series

Hepatitis B _____ Series

TB Test Result: _____

Date of Tetanus Booster: _____

Please provide any other information or restrictions that might help the Day Camp staff and volunteers care for your child's health at camp (Behavior, physical, emotional or mental health):

Release: I hereby give permission for the camper, previously named, to participate in all day camp activities and off site field trips, except as previously noted. I also consent to the use of any photograph or video recordings of my child or family in future LOMO or ELCA publications.

I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. But if it is important to do so, I hereby give my permission to the physician selected by the Camp Staff to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child as named above. I further authorize the church coordinator, or their designee, to administer over the counter drugs and medications as needed.

Date

Please Print Name

Parent/Guardian Signature