



# 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) \_\_\_\_\_

### Medical Allergies

If none apply, check here ☐

#### Life Threatening?

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

### Emergency Information

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

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

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

Clinic \_\_\_\_\_

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

### 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

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 \_\_\_\_\_ 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



### 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 \_\_\_\_\_