

**East Ohio District Church of the Nazarene  
Camper Registration/medication Form**  
*Please read carefully and fill out all that applies.*

**Circle camp attending:**

Middler Camp ages 7-10

Preteen Camp ages 10-13

Camper's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Church you attend \_\_\_\_\_

Birth date and year \_\_\_\_\_ Camper's Age (at time of camp) \_\_\_\_\_

**Please Circle:** Male or Female      Are you a first-time camper? \_\_\_\_\_

**T-Shirt size:**      Ch-sm/ Ch-med/Ch-lg/ Ad-sm/ Ad-med/ Ad-lg/Ad-1x

List a few roommates and what church they are from *(we will try to accommodate if applications are in on time)*

1. \_\_\_\_\_

2. \_\_\_\_\_

Do you have a cabin leader you like? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to camper \_\_\_\_\_

**Release Information:** Camper registration (drop off) begins **Monday at 10am to 11am and is to be picked up between 12:00pm and 1:00pm on Friday** of camp week. Please list names and numbers of persons to whom the camper may be released upon pick up.

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**Proof of identity may be required.** The camp directors will release campers only to the person or persons listed on registration forms unless other arrangements have been made.

**Health Information: Check all that applies to camper.**

Asthma    Seizures    Hyperactivity    Diabetes    Sleepwalker  
 Physical Handicaps    Food Allergies    Heart Problems  
 Day/Nighttime Accidents    other \_\_\_\_\_

Please specify allergies, and any activities that the camper should avoid. Also feel free to list any concerns you may think we need to be aware of.

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Please list all current medications. If this should change by camp time, please send a new list and an update. **All medication must come in its original bottle with correct labels. If it does not, we cannot dispense the medication. All medication will be kept with the Camp Nurse.**

1. \_\_\_\_\_ Dose \_\_\_\_\_
2. \_\_\_\_\_ Dose \_\_\_\_\_
3. \_\_\_\_\_ Dose \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Health Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

**Immunizations:**

Are all shots up to date?  Yes  No

**Permission to participate...Please read carefully.**

The information in this form is complete and accurate. I hereby give my permission for the camper named on this form to participate fully in the camping program, unless noted above. In the event of illness or injury, I also give my permission for the physician, dentist, or hospital professional selected by the camp directors to order such test and treatments as deemed necessary to safeguard the health of the camper in the event I cannot be reached. I authorize the physician selected by the camp director to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for the camper named above.

Signature of parent or guardian (in Ink)

\_\_\_\_\_ Date \_\_\_\_\_

**I give permission** for the camp nurse to dispense over-the-counter medication in case of a fever, headache, cough, or sore throat.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I give permission** for my child's picture to be used on EOD Children's Facebook page, Flyers, and/or CACC Flyers and/or Facebook page.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note:** Due to bed bugs, scabies and head lice, there are a few precautions we would like you to take. If you have bought any new clothing, please wash it first before sending it with your child to camp. Heating about 20 min. in the dryer helps to kill bed bugs and scabies. If your child has had or has been around those who have had head lice, please make sure they have been treated properly, as well as bedding and pillows. At camp it is hard once they are all in cabins together for these not to be shared. We take the proper precautions at camp and are asking you to help by doing the same.

Thank you for your help in this matter.