

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 _____

Home Phone _____ Cell Phone _____

What Church do you attend? _____

Campers Age (at time of camp) _____ Birth date and year _____

Male or Female? Are you a first time camper? _____

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 counselor you like? _____

Emergency Contact: _____

Phone _____ Cell _____ Other _____

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. Persons other than those listed above to whom the camper may be released to, are: list names and numbers please.

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.

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

Health Information: Check all that apply to camper.

Asthma Seizures Hyperactivity Diabetes Sleep Walker

Physical Handicaps Food Allergies Heart Problems

Day/Night time 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. _____

Immunizations:

Are all shots up to date? ___ yes ___ No - Last date _____ If not please explain _____

We do have a lice head inspection throughout the week at camp. If lice are detected, the camper will be sent home.

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.**

1. _____ Dose _____

2. _____ Dose _____

3. _____ Dose _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Health Insurance _____ Policy Number _____

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 for 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.