

## Winter Fun Day 2008 Registration

Name: \_\_\_\_\_ M or F Grade \_\_\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Congregation: \_\_\_\_\_

### Health Form

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

Does your camper have any allergies to any foods, meds, insects? \_\_\_\_\_

If yes, what are they and how to they react?

\_\_\_\_\_

Medications presently taking (name, dose, time)

\_\_\_\_\_

Immunization History: Diptheria-Tetnus \_\_\_\_\_ Date \_\_\_\_\_

Polio \_\_\_\_\_ Date \_\_\_\_\_

Diet Restrictions: \_\_\_\_\_

Any discouraged activities? \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy & Group Number \_\_\_\_\_

In case of medical emergency: I give my permission to the Camp Health Care Manager to treat my child for minor aches, flu-like symptoms, rashes, and injuries with medications approved by the camp's local physicians. I give my permission to the local physician to hospitalize, treat, medicate, or perform surgery for my child if I or an alternate cannot be reached.

Signature (adult): \_\_\_\_\_ Date: \_\_\_\_\_