

**VOYAGEURS LUTHERAN MINISTRY DAY CAMP  
CAMPER REGISTRATION AND HEALTH HISTORY**

(Required for participation)

From 3 years old through 6<sup>th</sup> grade

Camper Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade completed \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Health Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

**IMMUNIZATIONS (Give dates)**

_____ DPT Series	_____ Polio Immunization
_____ Tetanus Booster	_____ Hepatitis B
_____ Haemophilus influenzae b (Hib)	_____ MMR (Measles, Mumps Rubella)

**ALLERGIES (Please check and describe reactions in space provided)**

\_\_\_\_\_ Hay Fever    \_\_\_\_\_ Insect Stings    \_\_\_\_\_ Penicillin    \_\_\_\_\_ Poison Ivy

\_\_\_\_\_ Specific Foods:

\_\_\_\_\_ Other:

Reactions: \_\_\_\_\_

**MEDICATIONS (List all medications currently in use)**

\_\_\_\_\_

LIST any illness, chronic condition, or physical consideration the camper has that may affect camp life: \_\_\_\_\_

OTHER suggestions that may help us to make your camper's week more comfortable or enjoyable (fears, anxieties, etc.): \_\_\_\_\_

A physical exam is not required unless the camper is under the care of a physician for a medical problem. If this is the case, give physician's name and pertinent dates and information. \_\_\_\_\_

I hereby enroll and give permission for my child to participate in the planned activities of Day Camp. I acknowledge the health of my child to be ready for camp. In the event I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Day Camp Leader or Congregational Day Camp Coordinator to secure any medical or emergency treatment deemed necessary.

\_\_\_\_\_  
**Parent or Guardian's Signature** (Camper cannot attend unless this is signed) **Date**

\$10 and REGISTRATION FORM DUE TO Church OFFICE by June 1st