## () GENERAL INFORMATION

Gender: M   F (Name) (Age)
/ ( ) (Weight) (Date of Birth) (Phone)
(Shirt Size) (Street Address)
(City) (State) (Zip Code)
*Mark the week(s) this camper will be attending.
□Sr. High □Jr. One □Jr. High One □Jr. Two □Adventure Camp □Fine Arts Camp □Jr. High Two
Se BASIC HEALTH INFORMATION
1. Has this child had any of the following?
2. Is your child currently contagious or have they come in contact with anyone contagious?  IYes
3. Has your child ever had a concussion?
4. Does this child have any of the following health conditions? □Allergy to Bee Stings □Allergy to Nuts □Asthma
Allergy to Peanuts   Seizures   Other     If yes, explain:
5. Does this camper take medication(s)?
<ul> <li>6. Is this camper bringing Over the Counter (OTC) Medicines to camp?</li> <li>Pres</li> <li>INO</li> <li>If yes, read MED NOTE &amp; fill out OTC form to the right.</li> </ul>
7. Does this camper have any life threatening conditions? □Yes □No
CONTACT

**REGISTRATION FORM** 

		. (	)	_
(Name)	(Relation)		(Phone #)	
		(	)	

## INSURANCE INFORMATION

am on Saturday.

(Parent/Guardian)

*The camp insurance is an "exces	s plan." In the event of an em	ergency, prov	viding this information	on will save time.	
(Carrier)	(Name of Insured)		(Polic	ry #)	
🖉 IMMUNIZATION R	ECORD				
<ul> <li>My child is exempt from pro</li> <li>My child is NOT exempt from with me when I drop them off the records at that time.</li> <li>My child is NOT exempt from allow you to move through the</li> </ul>	n providing an immunizat at camp; I understand th n providing an immunizat	tion record at this camp	nd I WILL bring the per may not be all and I will enter the	nis camper's immur owed to stay if I do e dates now ( <b>this o</b> j	not submit
Varicella (chicken Pox): m	// Hep. B d	s:/	/ P	olio/IPV:/	/
T dap:/ H	ib://	MMR:	//	_ Tetanus:/ (optional)	//
PAYMENT *The \$50 I will pay the full EARLY REG I will pay the full REGISTRAT I will pay the Registration Fe	ION (with late fee) today	[\$260] [ <b>Bef</b>	ore June 1st]	ed from the total).	
(Card #)	(Ex Date)	(CSC #)	(Coupon Code)	(Signature)	
PERMISSIONS & SIC In case of an emergency I und care for this child. I understan In the event that I cannot be secure treatment or hospitali is correct to the best of my kn unless otherwise noted to the (Adventure Camp Only). Any	lerstand that every effort ad that emergency care wi reached I give my permiss ze, order injection, anesth nowledge. The camper nar e nurse, including but not	ill not be de sion to the p nesia, or sur med has my limited to, p	layed while trying hysician selected gery for the above permission to pa paintball, climbing	to reach the paren by the camp Admir e named child. The rticipate in all camp wall, off campus h	it or guardian histrator to health history activities iking

ame of Camper)		(Date of Birth)
ledication)		
se)		
me/Frequency)		
ealth Care Provider	's Name)	
ealth Care Provider	's Signature) (Dat	te)
hone #)	(License #)	
	OKA BAPTIST CAMP O	TC FORM
		TC FORM
ame of Camper/Pa		(DOB)
ame of Camper/Pa	tient)	(DOB)
ame of Camper/Pa Veight) (H	tient) ealth Care Provider's Nan	(DOB) ne)
ame of Camper/Pa Veight) (H Drug Name	tient) ealth Care Provider's Nam Provider Order	(DOB) ne)
ame of Camper/Pa Veight) (H Drug Name Ibuprofen	tient) ealth Care Provider's Nam Provider Order YES NO	(DOB) ne)
ame of Camper/Pa Veight) (H Drug Name Ibuprofen Robitussin	tient) ealth Care Provider's Nam Provider Order YES NO YES NO	(DOB) ne)
ame of Camper/Pa Veight) (H Drug Name Ibuprofen Robitussin Dimetapp	tient) ealth Care Provider's Nam Provider Order YES NO YES NO YES NO	(DOB) ne)
ame of Camper/Pa Veight) (H Drug Name Ibuprofen Robitussin Dimetapp Benadryl	tient) ealth Care Provider's Nam Provider Order YES NO YES NO YES NO YES NO	(DOB) ne)

MED NOTE: All medication and over the counter medicines must be turned in upon arrival in original labeled bottle. A signed doctor's note MUST accompany all medications. Please use the attached (or equivalent) forms if possible. Have your doctor look over and fill out the appropriate form(s) for this camper. Our medical staff cannot administer medicines or medications that are not accompanied by these forms. If you don't have enough room print more forms at www.lamoka.com/documents/

(Date)

has my permission to attend Lamoka Baptist Camp. I understand that drop-off is at 9am on Monday and pick up is at 9

(Signature)

EXEMPT NOTE: By marking this child as exempt, you are declaring that this camper has either a religious exemption or you personally object to this child receiving immunizations. If this camper is exempt for religious reasons, they must bring a signed note from their pastor agreeing with the declaration.

(Health	Care	Provider's	Signature)

(Phone #)

(Date)

\*For more information, please contact our office or visit www.lamoka.com

(License #)