

Registration Form 2021

Day Camp

August 2nd , 3rd, 4th, 2021

T-Shirts size (Circle One):

Youth: Small Medium Large

Adult: Small Medium Large XL XXL XXXL

Name of the Person Attending Camp: _____

Grade Completed: _____ Gender: _____ Age: _____ Birth Date: _____

Sponsoring Church: _____

Parent or Guardian (of minor): _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

In Case of an Emergency notify: _____ **Relationship:** _____

Emergency Phone #s: _____ Work: _____ Cell: _____

Physician's Name _____ Phone # _____

List any allergies to medication, any known allergies, and date of last tetanus: _____

Does the Camp Nurse have permission to give Over the Counter Medicine? (i.e. tylenol,tums) YES NO

Any Food Allergies? If so what kind: _____

Medical Insurance Company _____ Policy # _____

(Above information is needed in case your child/or sponsor has to be taken to the hospital and the parent/guardian cannot be reached)

Signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY CARE TO A MINOR

I/we the undersigned, parent(s) or legal guardian of the minor (name) _____ (birthday) _____, do hereby authorize any X-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist licensed by the State of Oklahoma and hospital service that may be rendered to said minor under the general, specific or special consent of:

(Name of adult sponsor who is temporary custodian of minor)

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

Date _____ Parent /Legal Guardian _____

AUTHORIZATION FOR MEDICAL INFORMATION RELEASE

I hereby authorize the hospital to release the following information contained in its hospital records to the representative of the Tulakogee Conference Center concerning Diagnosis, prognosis for

_____, Date of birth _____

Name of Camper/Sponsor

This information will be used for insurance billing. _____ Date _____

Signature of Parent or Guardian/Sponsor

Please make sure you have the ORIGINAL and one (1) copy of each registration form. ORIGINAL to registration at Kamp. CHURCH keeps one (1) copy