

# Community Day Camp of North Lima Registration and Permission Form

Hosted at: Calvary UMC 12062 South Ave North Lima, OH 44452

**August 4 – August 8, 2025 9am to 3pm**

Name of Camper: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Church: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_ GRADE COMPLETED: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Mom's Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Dad's Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## Emergency Contact Information

1. Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

2. Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

The following person(s) is/are permitted to pick up my child from Day Camp:

1. \_\_\_\_\_ 2. \_\_\_\_\_

## Required Health Information

List any current conditions; physical, mental or psychological needing medication, treatment or special restrictions while at Day Camp: \_\_\_\_\_

List any past medical treatments: \_\_\_\_\_

Are there any activities from which your child should be exempted for health reasons? \_\_\_\_\_

Specify any dietary concerns or limitations: \_\_\_\_\_

Indicate current medications (prescribed or over-the-counter) currently being taken: \_\_\_\_\_

I, the parent/guardian of the child mentioned above on this form, attest that all immunizations required for school are up-to-date, including the last tetanus **Month** \_\_\_\_\_ **Year** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Note all allergies:** bee stings aspirin Penicillin peanuts other: \_\_\_\_\_

I attest that the above information is complete and accurate regarding my child's health information.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Authorization for Treatment

In the event parents/guardians and emergency contacts cannot be reached, I give permission to the medical personnel selected by the Day Camp Director to give necessary transportation for my son/daughter to Akron Children's Boardman Campus or other: \_\_\_\_\_ for emergency medical treatment including: ordering x-rays, routine tests and to secure and administer any necessary treatment.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## On-Site Activity and Photo Permission

I give permission to Community Day Camp of North Lima/Camp Frederick to use photos of my child(ren) in promotions.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

## Transportation to Camp Frederick by Bus

I give permission to Community Day Camp of North Lima and the organization with whom they contract to transport my child(ren) to Camp Frederick in Rogers, OH and return to Calvary UMC on Friday, August 8, 2025.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Print Name \_\_\_\_\_