

Community Day Camp of North Lima Registration and Permission Form

Hosted at: Mt. Olivet UCC, 410 W South Range Rd., North Lima, OH 44452

August 5 – August 9, 2024 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

- Contact Name: _____ Phone: _____
Relationship to Camper: _____
- Contact Name: _____ Phone: _____
Relationship to Camper: _____

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

- _____
- _____

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 Mt Olivet UCC on Friday, August 9, 2024.

Parent/Guardian Signature _____ **Date** _____

Print Name _____