

CURRENT MEDICATIONS: MUST be brought in original container with instructions

**Fill out chart on back side with each medication listed*

HOSPITALIZATION OR SURGERY WITHIN THE LAST YEAR : _____

ALLERGIES: (explain reaction as well) _____ **Carries EpiPen**
 Bees or Insect Bites/Stings _____ Penicillin _____

Foods (Specify) : _____
 Other (Specify) : _____

Name of camper's physician _____ Date of last physical ____/____/____
 Phone (____) _____

• HEALTH HISTORY:

(Check if any apply & explain, using separate paper if necessary)


_____ Asthma _____ Diabetes _____ Seizures &/or Epilepsy _____
 _____ Frequent Ear Infections _____ Bedwetting _____ Bleeding / Clotting Disorder _____
 _____ Emotional/Behavioral Disorder _____ Heart defect/ disorder _____
 _____ Other: *please specify.*

RELEASE TO BE SIGNED BY PARENT/GUARDIAN FOR MEDICAL TREATMENT OF A

MINOR:

- *I hereby grant permission to the camp medical personnel to administer any necessary medical treatment to my child while at camp, including but not limited to, first aid and administering over the counter medication according to standing orders from the camper's health care provider.*
- *In the event of an emergency where I cannot be reached, I hereby give permission to the physician selected by the camp to take whatever action is necessary to care for my child, including but not limited to, ordering x-rays and appropriate tests, hospitalization, injections, anesthesia and or surgery for my child as named above.*
- *I hereby grant permission for camp medical personnel to obtain access to necessary medical, psychiatric or social work records and to receive the results of medical procedures completed while my child is enrolled at camp. I also grant the release of any records necessary for treatment, referral, billing or insurance purposes.*
- *I understand that if my child requires medical treatment off camp property, I am responsible for any expenses, including but not limited to, co-payments as required by and associated with this treatment according to the guidelines of my own insurance coverage. This form may be photocopied.*

SIGNATURE (Parent/Guardian)

 _____ Date ____/____/____
 Name (please PRINT) _____

PLEASE SEE BACK FOR OTHER IMPORTANT MEDICAL INFORMATION

SESSION(S) ATTENDING: FL-S- Girls' Retreat Pre-Teen 1 Pre-Teen 2 Pre-Teen 3 Teen 1 Teen 2 Adventure Trip Add full week of horses (\$50) or _____ trail rides (\$20 each) Round-Up

CAMPER REGISTRATION & MEDICAL FORM

PLEASE COMPLETE BOTH SIDES & PRINT CLEARLY

Name (First) _____ (Last) _____ (M.I.) _____

Birth date ____/____/____ Sex ____ Age ____ Weight ____ Phone (____) _____

Address _____ (city) _____ (state) _____ (zip) _____

Cabin mate: One request, no guarantee _____

Church Name _____

First Time camper? YES NO If so, how did you hear about camp?

Friend Church Website Radio Other

EMERGENCY CONTACTS	HOME PHONE	WORK PHONE	CELL PHONE
FATHER'S NAME			
MOTHER'S NAME			
GUARDIAN			
OTHER CONTACT			

• INSURANCE INFORMATION: ALL CANADIAN campers must bring Health Card to camp and leave it there during their session

Name of Insurance Company: _____
(Submit a photocopy of insurance card if possible)
 ID# _____ Group # _____
 Policy # _____ Certificate # _____

APPLY FAMILY DISCOUNT

APPLY BRING-A-FRIEND DISCOUNT

I have invited my friend _____
 to attend Camp Li-Lo-Li for the first time.
 Please give me the \$50 discount
 Please apply the \$50 discount to my friend's registration fee

Session(s): _____ **Last Name:** _____
First Name: _____