



2017 DAY CAMP REGISTRATION & HEALTH HISTORY FORM

NEBRASKA LUTHERAN OUTDOOR MINISTRIES

FOR OFFICE
USE ONLY

Last Name _____

First Name _____

Day Camp Site _____

Dates _____

Child's Name _____ Male Female Birthdate _____
 Grade (2016-2017) _____
 Address _____ Home Phone _____
 City _____ State _____ Zip _____

Adults Living with Participant (Parent/Guardian)

Name _____ Day Phone () _____ Cell Phone () _____
 Name _____ Day Phone () _____ Cell Phone () _____
 E-mail Address _____

Emergency Contacts/Alternative Persons Authorized for Participant Pick-up

In case of an emergency, we always try to contact the guardian(s) listed above first. If that is not possible, we will also need the names of at least three other contacts (relatives/friends). **Only the adults listed below will be eligible for picking up the participant without a legibly written note signed by the parent/guardian.**

Name _____ Relationship _____ Work Phone () _____ Home Phone () _____
 Name _____ Relationship _____ Work Phone () _____ Home Phone () _____
 Name _____ Relationship _____ Work Phone () _____ Home Phone () _____
 Permission to walk home from Day Camp yes no

Medical History:

Known Allergies (medication, food, other)	Medications being taken, including OTC (list dosage & time taken)	Medical History		
		Y	N	
_____	_____	Recent Injury, illness or disease	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Frequent Headaches or head injury	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Glasses/Contacts	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Chest Pain After Exercise	<input type="checkbox"/>	<input type="checkbox"/>
		Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>
		Joint Problems	<input type="checkbox"/>	<input type="checkbox"/>
		Asthma	<input type="checkbox"/>	<input type="checkbox"/>
		Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
		Epilepsy/Seizures	<input type="checkbox"/>	<input type="checkbox"/>
		Emotional Difficulties	<input type="checkbox"/>	<input type="checkbox"/>
		Behavior Concerns	<input type="checkbox"/>	<input type="checkbox"/>
		Orthodontic Appliances	<input type="checkbox"/>	<input type="checkbox"/>
		Surgery	<input type="checkbox"/>	<input type="checkbox"/>
		Other	<input type="checkbox"/>	<input type="checkbox"/>

Please check current immunizations:

- DTaP
- Polio
- Rubella
- Hepatitis B
- Varicella Zoster
- MMR (Measles, mumps, rubella)
- Haemophilus influenza B (HiB)
- TD (tetanus/diphtheria)

Date of most recent tetanus immunization: _____

Family Doctor _____ Phone () _____ Preferred Hospital _____

Please explain any Yes answers _____

List any Chronic/Recurring Illness _____

Medical Insurance Company _____ Policy # _____

Date of Last Medical Exam _____

Additional Information (i.e. physical limitations, restriction on camp activities, disabilities, special diet, etc) _____

Please finish with signed authorizations on the back...

Authorizations:

Permission to administer over-the-counter medications:

I (parent/guardian) give permission for NLOM to provide routine healthcare and administer over-the-counter medications if the health care staff deems necessary. I understand the NLOM Health Care staff will administer medications per instruction in the NLOM Health Care Plan, which is approved by a physician, that dosages will be administered according to the directions on the bottle unless a physician directs otherwise, and that health history forms will be reviewed for allergies and parental recommendations prior to administration of the over-the-counter medications.

Date: _____ Parent/Guardian Signature: _____

Permission to participate, authorization for treatment, photo/video release:

This health history is complete so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by Nebraska Lutheran Outdoor Ministries (NLOM) to order X-rays, routine tests, treatment and necessary transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by NLOM to secure and administer treatment, including hospitalization, for the person as named above. PHOTO/VIDEO RELEASE: I also give NLOM permission to use any photograph/video of my child taken at Day Camp in the future promotions of NLOM.

Date: _____ Parent/Guardian Signature: _____

To help make your child's time at Day Camp successful, it is vital that we are aware of any unique needs or special concerns they may have. Please explain any special learning considerations, family circumstances, relevant experiences, activity restrictions or anything that would help us better prepare for your child's upcoming camp experience. In the event of an emergency or serious illness/injury, parents will be notified by camp staff.



NEBRASKA LUTHERAN OUTDOOR MINISTRIES

2017 DAY CAMP

When:

- Monday to Thursday, 9 a.m. to 3 p.m. and Friday, 9 a.m. to 1 p.m.
- Each day is packed with great games, cool songs, meaningful Bible study sessions, service projects and worship.
- You'll get a special camp "cuppie," a Thursday cookout and great snacks too.
- Program leadership provided by a team of trained, college-aged staff from Nebraska Lutheran Outdoor Ministries. Additional hands-on leadership provided by the congregation.
- Invite your family and friends to join us on Friday, 12 - 1 p.m. for our witness event/closing program.

Who:

Where:

Contact:

Day Camp is a joint program of Nebraska Lutheran Outdoor Ministries and the local congregation. NLOM staff have been trained in emergency procedures and have completed a 10 day pre-camp training session. Staff complete an application, submit references and are interviewed and screened prior to working with campers.

For more information about NLOM go to NLOM.org. Day Camp participation is based on the grade of the camper during the 2016-2017 school year.

Day Camp is an outdoor adventure program. Please dress for the weather. Send rain gear if rain is forecasted. In case of severe weather campers will be moved to storm shelters in the church. Campers are encouraged to have sunscreen, and a hat. Sandals are not allowed at camp. Wear tennis shoes or shoes appropriate for running games.

The American Camp Association standards require all program participants to submit a Health History Form, including an approved drivers list. This is a part of your registration form.

Please be sure everything is labeled with the campers name including their Bible, jacket, backpack and lunch.

Campers should bring a sack lunch each day except Thursday. On Thursday, we will have a cookout and all food is provided. Beverages will be provided each day. The program includes a daily snack. Please do not send pop, candy, gum or snacks to Day Camp.

Day Camp starts each day at 9 a.m. Staff are not responsible for campers dropped off at the church prior to 8:45. Day Camp ends at 3 p.m. Tuesday and Wednesday and campers should be picked up by 3:15. On Friday Day Camp ends at 1 p.m. following the witness event/closing program.

Parents and families are invited to our witness event/closing program at noon on Friday. Bring your own sack lunch. Beverages are provided.

For more information about Day Camp, contact the Day Camp Coordinator or church office.