

Camp Beth-Eden 2009 Registration

Name _____
Age _____ Birth date _____ Male Female
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Emergency Phone _____ Parent/Guardian _____
Address (if different) _____ Phone (if different) _____
Name and City of church you are attending camp with _____

Health Record and Permission

To be completed and signed by parent or guardian

Insurance Company _____ Group & Personal # _____
Address _____ Phone # _____
Childhood Diseases _____ Date of Last Tetanus _____
Operations & Year _____
Allergic Reactions (food, drugs, poison ivy/oak, insect stings) YES NO
If yes, please list allergies, reactions, and treatment _____

Does Camper: Sleepwalk Bed wet Faint
Does Camper Have: Epilepsy Diabetes Asthma
Explanation for any of the above: _____
Medications (include name, current dosage, and reason for taking): _____

I give my permission for the person named above to receive (parent, please initial for permission):
Tylenol _____ Ibuprofen _____ Sinus Medication _____ Antacid _____ Other (name & initial) _____
If more room is needed for special medical care, medication or treatment, check here
and attach a letter of explanation.

I give my permission for Camp Beth-Eden to secure emergency medical and surgical treatment and routine, non-surgical medical care for my child while at camp. I further release Camp Beth-Eden from all liability of bodily and personal injury. I certify that my child has my permission to attend camp and receive the Bible-based instruction provided. I also give Camp Beth-Eden permission to use pictures including my child in organizational publicity.

Signed _____ Date _____
(must be signed by parent/guardian)