

**VOYAGEURS LUTHERAN MINISTRY DAY CAMP  
CAMPER REGISTRATION AND HEALTH HISTORY**

(Required for participation)

Cost- \$15/child K-6, \$5/child pre-k, \$30/family

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ (circle) Male Female

Address \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade completed \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

**IMMUNIZATIONS (Give dates)**

_____ DPT Series	_____ Polio Immunization
_____ Tetanus Booster	_____ Hepatitis B
_____ Haemophilus influenzae b (Hib)	_____ MMR (Measles, Mumps Rubella)

**ALLERGIES (Please check and describe reactions in space provided)**

\_\_\_\_\_ Hay Fever \_\_\_\_\_ Insect Stings \_\_\_\_\_ Penicillin \_\_\_\_\_ Poison Ivy  
\_\_\_\_\_ Specific Foods:  
\_\_\_\_\_ Other:  
Reactions: \_\_\_\_\_

**MEDICATIONS (List all medications currently in use)**

LIST any illness, chronic condition, or physical consideration the camper has that may affect camp life: \_\_\_\_\_

OTHER suggestions that may help us to make your camper's week more comfortable or enjoyable (fears, anxieties, etc.): \_\_\_\_\_

A physical exam is not required unless the camper is under the care of a physician for a medical problem. If this is the case, give physician's name and pertinent dates and information. \_\_\_\_\_

I hereby enroll and give permission for my child to participate in the planned activities of Day Camp. I acknowledge the health of my child to be ready for camp. In the event I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Day Camp Leader or Congregational Day Camp Coordinator to secure any medical or emergency treatment deemed necessary.

This person has permission to transport my child: \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

**Parent or Guardian's Signature** (Camper cannot attend unless this is signed)

**Date**

## Permission for Publicity

On occasion, **Salem Lutheran Church** takes photographs of children and/or adults during involvement in church activities for general publicity/promotional purposes. You may choose to consent to the use of such photographs of the child/children on this form, to be used or displayed as agents of the church see fit. (Including but not limited to: the Salem Newsletter, Sunday slideshows, bulletin boards in the church)

We always seek explicit permission when using photos publicly, in the community, and/or on our church website or other online platforms. Names are never published with photos in any context.

Please check your response:

I do \_\_\_\_\_ give permission for general publicity.

I do **not** \_\_\_\_\_ give permission for general publicity.