



2019 Traveling Day Camp Health, Emergency Authorization, and Consent Form

Name: _____

This form must be provided *at least one week prior* to the date of the Traveling Day Camp in order for the camper to be able to participate in Krislund Traveling Day Camp activities.

Camper's name: _____ DOB _____ Gender ____ Grade _____ Completed _____

Parent or Guardian: _____ Phone: (____) _____

Home Address: _____

Business Address: _____

E-mail: _____ Mobile Phone (____) _____

Second Parent/Guardian/Emergency contact: _____

Relationship: _____ Phone (____) _____

Other emergency contact: _____

Relationship: _____ Phone (____) _____

Are you a member of this church?: _____

Will your camper be going on the overnight to Krislund? _____

Camper's t-shirt size: _____

Unit: _____

Medical Insurance Information

Insurance carrier: _____

Policy Holder: _____ DOB: _____

Policy or group #: _____

Camper's coverage/ID #: _____

Health History

Please list the date of the camper's most recent vaccination or booster:

Vaccination Name	Date
Chicken Pox	
Diphtheria, Pertusis, Polio	
Hep B	
MMR	

Date of last tetanus vaccination: _____

Year: _____

Camper's name: _____

Current Medical Conditions under Treatment:

Current Medications:

(All campers who will be taking medications while at camp will need to meet with the Day Camp Leader)

√	Medication	Dose	Time to be taken

√ Check this box if the medication is to be continued while at camp

Medication/Food Allergies: Please list any medication/food allergies. Note, our kitchen is not gluten or nut free, and we cannot guarantee that our Traveling Day Camp church kitchens are allergen free. Please contact the church for more information.

IMPORTANT - THIS BOX MUST BE COMPLETED FOR ATTENDANCE

EMERGENCY AUTHORIZATION: In signing this application, I hereby certify that the above information is correct and give permission for the release of medical records in case of illness or accident. In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by Krislund to hospitalize, secure proper treatment for, provide or arrange necessary related transportation, and to order injection, anesthesia, or surgery for the participant named above.

SIGNATURE of parent/guardian : _____

Date: _____

Camper's name: _____

Consent

- I agree to abide by the refund policy and agree to pick my child up early for illness or disciplinary reasons.
- I give permission for me/my child to participate in the activities of Krislund Camp & Conference Center recognizing there is an element of risk in any adventure, sport, or activity associated with the outdoors. It is understood that the summer activities include managed risk activities such as but not limited to hiking, swimming, low ropes, wall climbing, and high ropes. The person named above has permission to engage in all prescribed camp activities except as noted:

- I permit my child to be transported to and from Krislund Camp in Madisonburg, PA by the Sponsoring Church personnel to participate in camp approved activities.
- I give permission for the use of photographs and video including me/my camper or articles written by me/my camper to be used in publicity including the Krislund Camp & Conference Center website and internet sites promoting or reporting on Krislund.

Parent or Guardian's Signature _____ Date: _____

Transportation Authorization

Please list the names (first and last names) of those individuals who are authorized to pick up your camper. Please note that the person picking up your camper will be required to show photo identification; no child will be released to any person not listed below or who does not have the appropriate photo identification.

Is there anyone who is strictly prohibited from picking your camper up? If so, please list the first and last name:

