Camper Medical Form

Please print clearly. One registration and medical form per camper.

Circle one: Ma	ile / Female					/
Camper's Name				Birt	thdate	
Address						
					Zip	
Parent's Name						
						Home \bigcirc Cell
Emergency Contac	t Name			Ph	one	
	dications must be in thei	r original labeled co	ntainers. Please, do not send med : prescriptions, vitamins, over-the	•		
Name			Amount		MARK ALL THAT APPLY	MARK ALL THAT APPLY
□ A.M.	☐ Lunch	□ P.M.	☐ Bedtime	□ As needed	MEDICAL ◆ Asthma	ALLERGIES None
	□ Lunch			□ As needed	Diabetes	Antibiotic Ointment
☐ A.M.	☐ Lunch	□ P.M.	☐ Bedtime ☐	☐ As needed	SeizuresRecent Illness	Bee StingsPenicillin
Physician	and Insurance				or Injury	• Other:
Insurance Compa	any 🗆 NONE		Office Phone Policy #		• Other:	Other:
Food Aller						
Camp Joy will be h own allergy-free fo as soon as possible	nappy to provide and provide a	o prepare, or bring taff adequate time	ecial dietary needs. You may a your own pre-made meals. P to plan meals with allergy-fre tessage at (262) 473-3132 ext.	lease notify us ee ingredients.	MARK ALL THAT APPLY FOOD ALLERGIES Peanuts	EggsShellfishSoy
☐ Dairy-free	☐ Egg	-free	☐ Gluten-free		Other:	Tree Nuts
			are expected to abide by all Camp le		that Camer lawis a Christia	

In order to provide a Christ-honoring and positive atmosphere, campers are expected to abide by all Camp Joy rules. I understand that Camp Joy is a Christian camp where Christian principles will be taught. The camp reserves the right to send campers home who are unable to adhere to the camp's conduct guidelines. I acknowledge that if my child is dismissed from camp, there will be no refund. I am aware that Camp Joy offers a variety of competitive and challenging recreational activities. While Camp Joy takes precautions to ensure the safety of all attendees, it is understood that accidents or risks of bodily injury may occur. I agree that my child may participate in all activities, and I intend by my signature a complete and unconditional release of the camp for all liability to the greatest extent allowed by law. I also agree that photos or videos of my child can be used for promotional purposes without compensation.

I give Camp Joy my consent to secure any necessary medical treatment for my child during the camping period. I also authorize any qualified medical professional to render treatment he or she deems necessary upon consultation with the camp staff. I realize my insurance will be billed for any medical treatment as the primary coverage for my child. I authorize the health care staff of Camp Joy to dispense my child's prescribed or over-the-counter medicine. I authorize the health care staff to treat minor injuries and administer over-the-counter medication as indicated during my child's stay at camp. I understand if my child has a communicable disease, sickness, or lice and/or nits, camp reserves the right to take appropriate precautions, including dismissal. I certify that the above information is complete and correct to the best of my knowledge.

Parent or Guardian		Date .	
	DADENT OF GUADDIAN SIGNATURE		

To ensure accommodations, register as soon as possible. Please fill out and include authorized signature on all forms.