

# CAMP 180

Send to: Laura Santana  
338 Maple St. Newaygo, MI 49337

Questions: [laura\\_santana0503@yahoo.com](mailto:laura_santana0503@yahoo.com)  
Registrations Due June 30, 2017  
With Your \$40 Deposit / Remainder Is Due On Arrival

Cost: \$195 Or pay only \$165 if registered by May 20, 2017 \_\_\_\_

Jr. High Camp (Grades 6th-8th)  
Sr. High Camp (Grades 9th-12th)



Our Health officer is on duty to dispense all medications and deal with any medical needs that arise.

Camper's Last Name:		First name:	
Birth Date: ____/____/____		Age at time of Camp ____	
Gender (Circle) M F			
Parent / Guardian Name (s)			
Street Address			
City	State	Zip	
Home Phone ( )	Cell ( )	Work ( )	
Parent Email		<a href="#">Confirmation will be sent to this email address unless USPS is requested here</a> <input type="checkbox"/>	
Church Attending			
Emergency Contact		Home ( )	Cell ( )

Each camper must be seen by the Health officer during registration. Medications will be checked in at that time.

Check all that apply	Medications	Name of Medication	Dosage	Administered When	Purpose
<input type="checkbox"/> Over all good health <input type="checkbox"/> Chronic / Recurring Illness ( <b>list</b> ) <input type="checkbox"/> Convulsive disorders ( <b>list</b> ) <input type="checkbox"/> Recent illness / injury ( <b>list</b> ) <input type="checkbox"/> Contagious diseases ( <b>list</b> ) <input type="checkbox"/> Special conditions (such as allergies, physical limitations, special behavioral considerations etc...)	List all medications (Prescription & OTC) brought by camper. Medications must be in original containers and turned into the camp nurse upon arrival. Attach additional sheet if needed.				

Immunization Dates Tetanus / Boosters Polio Measles Mumps <a href="#">Insurance information Health Insurance Co.</a> _____ (send copy of Insurance Card if possible)  <a href="#">Employer Policy or Insurance Number</a> _____	<p style="color: blue;">Any additional Comments</p> <p>I authorize <b>the CAMP 180 HEALTH OFFICER</b> to render necessary routine and nursing care as required. In the event of emergency, I give permission to the licensed physician chosen by the <b>CAMP 180</b> / to hospitalize, secure proper treatment anesthesia, or surgery for the Camper named on this form.</p> <p>Signed _____ Date ____/____/2017</p> <p>I also understand that <b>CAMP 180 reserve</b> the right to send the camper home, at my expense, if they deem it necessary due to disciplinary reasons.</p> <p>Signed _____ Date ____/____/2017</p>
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