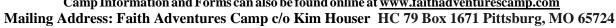


2016 Faith Adventures (Disciples of Christ) Church Camp Registration and Health History

Camp Information and Forms can also be found online at www.faithadventurescamp.com



Email: faithadventurescamp@gmail.com Phone: 417.876.3526 (Jack Daniel) or 417.619.0687 (Shirley Scott)

Complete a separate regis	•		please complete a form for each family member
· ·		-	XXL□ First Time Camper: Yes □ No □
Camper's Name:			Date of Birth:
			Year of High School Graduation:
			City/State/Zip:
			e
	m Camper's):		
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		-	,
	m Camper's):		
	m oumpersy.)
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the release of any records necess It is my intention that the camp be representatives of the camp be to Portability and Accountability act information of the person herein c in camp activities; and (2) in the content of the event I cannot be reached hospitalization, for the person nare Please initial Transportation and 1We/I give permission for participating in activities sponsored 2We/I give permission for the permission of the permission o	sary for treatment, referral, billing, or insurance treated as acting in loco parentis if the person eated as "personal representatives" for the purpof 1996. I hereby agree (pursuant to 45CFR§1 lescribed, as necessary; (1) to provide relevant ase of minors, relevant information to the camp n an emergency, I hereby give permission to the dabove. This completed form may be photed d Photography Releases: or our/my child to ride in any vehicle designated by the Faith Adventures (DOC) Church Can	purposes. Therein named is a minor. For poses of disclosing protected 64.510(b)) to the disclosure to information to the camp reproperesentatives to keep mene physician selected by the occopied for trips out of camp. If you have a dult in whose care in the property of	health information pursuant to the Health Insurance or camp representatives of the protected health resentatives related to the person's ability to participate informed of my child's health status. camp to secure and administer treatment, including the minor has been entrusted while attending and that these photos, videos, or recordings may be used in
·		publications including the we	eusite.
Signature of Custodial Parent/Gua Printed Name	rdian (or Adult Camper/Staff)		Date
	with my Creator, the camp staff, and other car	npers to do my best while at o	camp to:
Participate fully in activities and atta Abide by the camp rules, policies, a Expect to make new friends, be a fi Respect camp property and the pro	end the entire camp session. and expectations. iend to others, and have fun. Be a good Grow in my Create a co	steward of creation, appreciation relationship with Jesus Christ,	at each one is created VERY GOOD, in the image of God. ng and caring for the environment at camp. through prayer, Bible study, worship and fellowship. usion that honors the unique contributions of each person.
Participant's Signature Pastor's Recommendation: Tree	ommend this individual for participation in Faith Adv	entures @ Lake Pomme de Terr	Date e) Disciples of Christ Camps.
Pastor's Signature	parasiparasi and rav		Date

Health History for (Camper name):			Date of Last Physical Exam				
Insurance Information: Is the participant co	overed by medical /hospital insuran	ce 🗆 Yes	□ No	Date of Last Tetanus			
If so, list carrier or plan name:				#:			
)			
Dentist/Orthodontist:			_Phone: ()			
ALLERGIES List all known include medicines, food, insect stings or bites, hay fever, asthma, animal, etc.	Describe reaction and managemer if more space is needed, please attack		et				
DIET, NUTRITION: This camper eats a Please describe any special dietary needs below.	regular diet. ☐ This camp If additional space is needed, please a			☐ This camper has sp	ecial food ne	eds.	
MEDICATIONS BEING TAKEN Please list all med Bring enough medication to last the entire timdrug), name of the medicine, dosage and freq Medication & Dosage.	e at camp. All medication must be i	in the original pac bace is needed, plo	kage that identi		sician (if pre	escription	
3I authorize camp staff to administer of Parent/Guardian initial here	-		·				
General Health: Check YES or NO for each stater country, please name countries visited.	nent. Please explain YES answers belo	ow, noting the number	er of the question	, attach an additional sheet if neede	d. For travel	outside	
Has or does the camper:	YES NO	Has or	does the camp	er:	YES	NO	
 Had a recent injury, illness or infectious Have a chronic or recurring illness/con 			isthma/wheezing ad back/joint prol	/shortness of breath?			
3. Ever been hospitalized?		13. Have a	iny skin problems	s (e.g. itching, rash, acne)?			
4. Ever had surgery?5. Had headaches?				nono") in the past 12 months?			
5. Had headaches?6. Ever had a head injury?				rhea/constipation? ing asleep/sleepwalking?			
7. Had fainting or dizziness?		17. If fema	le, have problem	s with periods/menstruation?			
8. Ever had seizures or convulsions?9. Ever passed out/had chest pain during			history of bedwe				
 Ever passed out/had chest pain during Have diabetes? 	or after exercise?	`		, or protective eyewear? untry in the past 9 months?			
				unity in the past 7 months.			
Mental, Emotional and Social Health Check YES	or NO for each statement. Please exp	olain YES answers b	elow, noting the r	number of the question, attach an ad			
Has the camper: 1. Ever been treated for attention	on deficit disorder (ADD) or attention de	eficit/hyperactivity dis	order (AD/HD)?		YES	NO	
Ever been treated for emotion	nal or behavioral difficulties or an eating een a professional to address mental/e	g disorder?					
- · · · · · · · · · · · · · · · · · · ·	at continues to affect the camper's life?		cems:				
	ed one, family change adoption, foster care		ed a disaster, othe	r)			
What have we forgotten to ask? Use this s affect the camper's ability to participate fully in					rtant or tha	it may	
Return completed, signed form with th	e items 1-3 to your local church i	f Disciples All o	thers please i	return items to address on the	front of th	his form	