



Vacation Bible School

Registration and Health History

Please fill out as completely as possible prior to VBS week

Wisconsin State Health Code - State law requires that this form, completed and signed, be on file at the day camp in order for the participant to attend.

NAME OF CAMPER _____ Grade (Fall _____) Male Female
Birthdate _____ Current Age _____ Program and Week Attending _____
Address _____ City _____ State _____ Zip _____
Home or Cell Phone (_____) _____ Cell or Work Phone (_____) _____
Parent/Guardian Name(s) _____
Parent/Guardian address (if different from camper) _____

Health History

If none apply, check here

Diseases/Conditions:
(Please list approximate dates.)

Ear infections _____
 Heart Condition(s) _____
 Seizures _____
 Diabetes _____
 Bleeding Disorders _____
 Asthma _____
 MMR illness? _____
 Chicken Pox _____
 Hepatitis _____
 Fractures _____
 Operations _____
 Other _____

Medical Allergies

If none apply, check here

Life Threatening?

Bee Stings Yes No
 Penicillin Yes No
 Other Meds: Yes No

Emergency Information

Emergency Contact Person - If Mom or Dad cannot be reached.

 Phone (_____) _____
Family Doctor _____
 Clinic _____
 Phone (_____) _____

Food Allergies

If none apply, check here

Life Threatening?

Dairy Yes No
 Eggs Yes No
 Seafood Yes No
 Peanuts Yes No
 Tree Nuts Yes No
 Gluten Yes No
 Other foods: Yes No

Immunizations

Please attach a copy of camper's current immunization record.
 Tetanus/Whooping Cough (DPT, TD or Tdap)
 Date of most recent immunization _____

Please list any **chronic condition** which may affect camper, any restrictions or limitations, or **attach a detailed description with directions for care:**

Parent/Guardian Authorization: This health form is correct as far as I know and the person herein described has my permission to engage in all activities, except those noted on this form. If I cannot be reached in the event of a medical emergency, I give my permission to the health care provider selected by the camp to give necessary medical treatment to the person listed above.

Medical Release: In consideration of acceptance to Sugar Creek Bible Camp, I indemnify and hold harmless Sugar Creek Bible Camp, its owners, agents, associates, and staff from any and all liability, claims, damage, injury or illness sustained by my camper.

Parent/Guardian Signature (required): _____ Date: _____

Media Release: I give my permission for photographic and/or video images of my camper to be used in future Sugar Creek Bible Camp promotional materials or publications (including weekly DVD.) I understand Sugar Creek will not use my child's name or personal information. Yes No _____ Initials

Sugar Creek Bible Camp Insurance Policy: I understand that the camp insurance policy is strictly secondary coverage. _____ Initials
 Please attach a photocopy of Insurance Card (front and back.) Please check here if camper is not covered by health insurance. _____ Initials

Day Camp Field Trip Permission Slip

(Complete this permission slip if your child will be participating in any field trips away from the main day camp site.)
 My Child, _____, has my permission to participate and be transported in any field trips taken during the Sugar Creek Bible Camp Day Camp sponsored by the church.
 Parent or guardians printed name: _____
 Parent or guardian's signature _____ Date _____
 Dates of Day Camp _____ Church _____