



# VBS Day Camp Registration & Emergency Health Form

**Church Where Day Camp is Being Held:** First Presbyterian Church of Marshfield  
**Town/St:** Marshfield, WI      **Date:** August 5-8, 2024

I understand and certify that my child's participation in Daycholah Center's (DAYCHOLAH CENTER) Day Camp program held at the church and its activities is completely voluntary. I recognize that certain hazards and dangers are inherent in Day Camp events and programs and I acknowledge that although DAYCHOLAH CENTER and the church have taken safety measures to minimize the risk of injury, DAYCHOLAH CENTER and the church cannot insure nor guarantee that the participants', equipment, premises and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by DAYCHOLAH CENTER and the church's rules, regulations and procedures for the safety of participants. I waive any claim against DAYCHOLAH CENTER and the church and/or its personnel for any lost articles; for any injury to my minor child; and/or any injury to myself. The church assumes secondary insurance coverage. I assume primary coverage.

This health history is correct so far as I know, and the person named on this form has permission to engage in all camp activities except as noted.

**AUTHORIZATION FOR TREATMENT:** In case of emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the VBS Day Camper.

In the event I cannot be reached, I hereby give permission to the medical personnel selected by the church to order x-rays, routine tests, treatment, and necessary transportation for my child. I give permission to the physician selected by the church to secure and administer treatment, including hospitalization, for my child as named on this form.

**AUTHORIZATION FOR TRANSPORTATION:** I hereby give permission for my child to be transported for off-site outings.

**AUTHORIZATION FOR USING LIKENESS:** I hereby give permission for photographs/ video including my child and/or myself to be used in the promotion of DAYCHOLAH CENTER and/or First Presbyterian church.

**COMPLIANCE WITH ELECTRONICS POLICY:** I understand that DAYCHOLAH CENTER does not allow any electronic devices except cameras and I certify that I have ensured my child's compliance with this policy.

**2024-2025 PROGRAM REGISTRATION:** Please use this form for Program Registration at (check appropriate box):

FPC    Community

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Signature of Camper's Parent/Guardian

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Date

The information on this form is gathered to assist us in identifying appropriate care and will only be shared with medical personnel. This form is to be completed by the parent(s) or legal guardian(s) of minors.

Camper's Name \_\_\_\_\_  
Last First MI

Preferred Name \_\_\_\_\_  Female  Male

Telephone \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_

Parent/Guardian—In an emergency, notify:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

Location while camper is VBS Day Camp \_\_\_\_\_

Who will be picking your child up? \_\_\_\_\_

**HEALTH HISTORY**

Does the camper have any conditions requiring special care or that limits their participation in activities? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the camper have any allergies, i.e.: food, meds, etc? If so, describe reaction and treatment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any information regarding your child that you think would be helpful to VBS staff working with your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you carry family medical/hospital insurance?  Yes  No

If so, indicate: Carrier \_\_\_\_\_  
Policy or Group # \_\_\_\_\_