



St. Luke's Camp Registration Form

Aug 1-5th, 2021

CAMPER INFORMATION

Please complete this form that will accompany your child to St. Luke's. This information is necessary should we need to contact you while your child is with us. No camper will be allowed to participate without this form being completed and signed by the parent or guardian. The information on this form is considered confidential and will held by the camp director.

Permission is granted for: _____ (Name. Please Print) to attend St. Luke's Camp, ACA at **Camp Berea, Lymon, ME.**

Student's Date of Birth: _____ **Students grade:** _____

The camper herein named will be dropped off by the parent or guardian at (check which applies) Trinity Anglican Church, 180 Rochester Hill Road, Rochester NH or at Camp Berea, 67 Cedarbrook Way, Lyman, ME 04002 , on **August 1st, 2021. Arrival time between 2PM and 5PM. My child shall be picked up on August 5th, 2021. Pick up time is from noon to 3PM.**

Alternate pickup is _____, safe word is _____.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____

Phone #: _____ Emergency Phone #: _____

Please provide the information requested below, in case of an emergency.

Allergies: _____

Conditions requiring special consideration (medical/physical): _____

Does your student require: (A) **Epipen** Yes No (B) **Inhaler** Yes No (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration): _____

Primary contact name: _____ Relationship: _____

Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Secondary contact name _____ Relationship to student: _____

Phone #: _____ Work Phone #: _____ Cell Phone/Pager #: _____

Student's Physician: _____ Phone #: _____

Student's Dentist: _____ Phone #: _____

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

HEALTH INSURANCE INFORMATION:

Company Name: _____ Policy #: _____ Group #: _____

Parent/Guardian Name: _____ Date: _____

(PLEASE PRINT)

Parent/Guardian Signature: _____