

PILOT LAKE REGISTRATION & MEDICAL RELEASE
Please provide this information regardless of your age.

CAMP _____ DATE OF CAMP _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONES _____ EMAIL _____

WOULD YOU LIKE TO RECEIVE OUR NEWS LETTER BY EMAIL? _____ OR BY MAIL? _____

CHURCH _____

If under 18 give parents' name & phone numbers

PARENTS' NAME _____ PHONE(S) _____

An alternate contact person in case of emergency (besides parents)

NAME _____ PHONE _____

DOCTOR _____ PHONE _____

INSURANCE PROVIDER _____ POLICY # _____

Are your immunizations current? _____ Date of last tetanus shot _____

List current medications _____

List medical conditions, allergies to food, drugs, or other items _____

PARENTS PLEASE NOTE: If your child requires medications while at camp, the following policy and procedure will be followed.

- 1) All medications will be turned into the camp nurse at registration. This is state law. This includes prescriptions, supplements and over-the-counter (OTC) medications.
- 2) Prescriptions must be in the original container, labeled with the prescription, including camper's name, date of birth, current dosage and frequency. This includes inhalers and epi-pens
- 3) Supplements and OTC medications must be in the original sealed container with the campers name on it. OTC medications (The camp usually provides OTC basic meds such as Tylenol, Motrin, Sudafed, Benedryl, Acetomenophen, Ibuprofen, pseudophedrine, diphenhydramine and are available from the nurse as needed.)
- 4) Anything brought to camp that does not comply with the above procedures will be stored with the nurse and returned at the end of camp.
- 5) Questions regarding the above policy may directed to the directors e-mail and will be forwarded to the camp nurse.

List the over the counter medications which may not be given _____

List activity restrictions _____

I understand that Pilot Lake (Regular Baptist Camp, Inc.) does not provide medical coverage, nor reimburses for medical expenses that may arise from illness or injury while at Pilot Lake, and that my insurance may be charged for medical services performed. I give my permission for myself or my child to receive any medical or dental attention deemed necessary because of such illness or injury. Furthermore, I give permission for any quotes or pictures of myself or my child taken during camp to be used by Pilot Lake for promotional purposes. I hereby release Pilot Lake (Regular Baptist Camp) and its staff of any liability. I understand every effort will be made to contact those listed above. I also give the above camper permission to attend and participate at Pilot Lake
from _____ to _____.

Camper's signature X _____

Parent/Guardian signature X _____