



REGISTRATION FORM

REGISTER ONLINE @ BAYSHOREFAITHQUEST.ORG

CAMPER NAME: _____ NICKNAME(OPTIONAL): _____

CAMPER BIRTHDATE: ____/____/____ GRADE: _____ IN SEPTEMBER MALE OR FEMALE

PARENT'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ PARENT'S CELL PHONE: _____

HOME CHURCH: _____ EMAIL: _____

NAME OF EXPEDITION: _____ EXPEDITION #: _____ START DATE: _____

LIST TWO BUDDIES (OPTIONAL) 1. _____ 2. _____

Must be signed: IN AN EMERGENCY, I grant permission to Bay Shore Camp to secure emergency, surgical treatment, and/or routine medical care for the person named on this form while at camp. Permission is also given for participation, transportation, and use of images for camp publicity.

please sign here: _____

(signature of parent/legal guardian or camper that is 18 or older)

Cost of "Expedition": _____

(check one)

I am enclosing CASH in the amount of \$ _____ .00

I am enclosing a CHECK for the amount of \$ _____ .00 (Make check payable to BAY SHORE CAMP)

I am paying with a CREDIT/DEBIT card (check one): VISA MasterCard DISCOVER

Card #: _____ Exp. Date: ____/____ Security Code: _____

Cardholder Signature: _____



HEALTH FORM

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This form must be returned with registration

This information is helpful in providing a safe and positive experience for your camper. No camper will be admitted without this form.

Camper Name: _____ Nickname(optional): _____ Sex: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Parent/Guardian: _____ Work Phone: _____ Mobile Phone: _____

Emergency Contact (other than parent): _____ Phone: _____

Physician: _____ Phone: _____ Insurance Company: _____

Allergies

To Medication? No Yes If yes, list: _____

Environmental? No Yes If yes, list: _____

Certain foods? No Yes If yes, list: _____

Medications

All medications (prescription and over the counter) must be given to the camp nurse at check-in for dispensing at the designated times. (Exception- Talk to the nurse regarding inhalers and EPI pens.) Medication must be sent in their original containers and labeled for this camper, because of the number of meds dispensed we are only able to give them at meals and bedtime unless it is critical they be at another time (such as Ritalin, Anti-Seizure, etc.) Campers are responsible for reporting to the nurse for meds at the appropriate times.

Medication	Dose	Breakfast	Lunch	Supper	Bedtime	Other	Only as needed	Reason for Med	Med here?

Inhalers

The camp nurse stocks the following medications. Please do not send additional amounts

Acetaminophen (Tylenol)

Calamine Lotion

Decongestant

Ibuprofen (Motrin)

Antacid

Cough Suppressant

Diphenhydramimne (Benadryl)

Imodium (Anti Diarrhea)

Antibiotic Cream

Hydrocortisone Cream

(check one)

It is OK to give my child these meds if indicated per standard camp treatments

It is OK to use these meds except: _____

Routine Care: I grant permission for the Bay Shore Health Official to give my child first aid and treat illnesses in accordance with the camp's standard care procedures.

In an Emergency: I grant permission to Bay Shore Camp to secure emergency medical/surgical treatment if necessary for the camper named on this form while at camp. I understand the camp will make every possible effort to contact me prior to emergency treatment. In the event I am unavailable, emergency treatment will not be withheld or delayed to contact me.

Assumption of Risks: Having read the camp description, I understand there are risks inherent to camping activities (outdoor activities, sports, aquatics, transportation, etc.) and I grant permission for my child to participate.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Is your camper having difficulty with any of the following conditions? (Please check)

	yes	no		yes	no		yes	no
ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Dental Problems	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble/Murmur	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Wheezes	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Bed Wetting	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Ear Aches	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	Skin Rash	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>						

Are your immunizations up to date?

No Yes

Date of last tetanus: / /

Any conditions limiting participation in activities?

No Yes

If yes, please list:

Is your camper on a special diet?

No Yes

Type: _____

If so, please contact the camp at least two weeks prior to camp to make arrangements with the kitchen. Please attach a detailed list of allowed and prohibited foods for the nurse and counselor.

Additional medical information, previous surgeries/injuries/serious illnesses/dietary concerns:

Confidential guidance information for camp staff; Please provide information which might be helpful to the staff in providing the most positive camp experience possible, such as recent changes in family relationships, learning/behavioral issues, other issues that are positively or negatively affecting your camper at this time. This information will be kept confidential.



Release Information

My child MAY BE released from camp to the following persons (include relationship) in addition to myself:

My child may NOT be released from camp to the following persons (include relationship):
