

JUNE 24 -28, 2024

AGES: 6-11 ~ Cost: \$175.00

Camp Cleary

Phone 601-213-0888

Camp Director- Emily "Sunshine" Malley- 601-201-4797

*****PLEASE NOTE*****

Your child will NOT be added to the camper list UNTIL:

- REGISTRATION FORMS ARE COMPLETED AND
- The \$25 deposit has been received in the church office

*Once ALL items have been received you will receive an email from Nancy Grantham (ngrantham39073@gmail.com) stating that your child is registered. If you have not heard from the church office within 3 business days of turning in your papers and deposit, please email Nancy Grantham.

*****PLEASE PRINT*****

CAMPER'S FULL NAME: _____

DATE OF BIRTH _____ AGE AT TIME OF CAMP _____ MALE/FEMALE _____

SHIRT SIZE (CIRCLE ONE) YOUTH: YS YM YL YXL

ADULT SIZES: S M L XL XXL XXL

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

PLEASE NOTE- YOUR REGISTRATION CONFIRMATION WILL COME TO THIS EMAIL ADDRESS

PARENT (GUARDIAN) INFORMATION:

FATHER'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

MOTHERS'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

If unavailable in an emergency, notify:

Name: _____ Phone number: _____ Relation _____

Name: _____ Phone number: _____ Relation _____

Name: _____ Phone number: _____ Relation _____

Camper Health Form

Child Name _____

Date of Birth _____

Camper's Doctor: _____ Phone number _____

Insurance Company _____ Policy number _____

Please explain any health conditions or special needs:

Does your child have tubes in his/her ears: (please circle) Yes or NO

Which Ear(S) _____

Date of last Tetanus Shot _____

Please list any special dietary needs:

List any allergies to **FOOD and REACTION**:

List any allergies to **Medications and REACTION**:

If your camper is taking any Medications, please list the **Medications and Reason for taking medication**:

State law requires that ALL medications must be in its original container and must be given to the Healthcare Staff, along with written instructions, at registration. CAMPERS MAY NOT KEEP ANY MEDICATIONS IN THEIR CABIN OR BACKPACKS.

Medication Form

Campers Name: _____ **Date of Birth:** _____

First Middle Last

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

Cross out those the camper should not be given.

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Antihistamine/allergy medicine (Benadryl/Zyrtec)
- Guaifenesin cough syrup (Robitussin)
- Pepto-Bismol for kids (equivalent to Tums)
- Sore throat spray
- Generic cough drops
- Lice shampoo or cream (Nix)
- Antibiotic cream
- Hydrocortisone cream
- Calamine lotion Aloe
- Oral Laxatives for constipation (Milk of Magnesium/Oral Miralax/Etc)
- Swimmers Ear drops

ALLERGIES:

DAILY MEDICATION: (PLEASE CHECK ONE BELOW)

- This camper will not take any daily medications while attending camp.
- This camper will take the following daily medication(s) while at camp:
 "Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

**ALL MEDICATIONS MUST BE TURNED IN TO HEALTHCARE STAFF
 IN THE ORIGINAL CONTAINER**

MEDICATION NAME	DOSE AND ROUTE MEDICATION SHOULD BE ADMINISTERED	TIME MEDICATION SHOULD BE ADMINISTERED	REASON FOR TAKING MEDICATION	DATE MEDICATION WAS STARTED
		Breakfast Lunch Dinner Bedtime Other: _____		
		Breakfast Lunch Dinner Bedtime Other: _____		
		Breakfast Lunch Dinner Bedtime Other: _____		

My child has permission to receive the medications above:

Parents Signature: _____ **Date:** _____

Confidential Form

Child Name _____

Date of Birth _____

Please circle below all that apply:

Parents: Separated Divorced Married
Foster child Adopted Child Parents deceased

Who lives at home?

___ Father's name _____ Occupation _____

___ Mother's name _____ Occupation _____

___ Brothers # _____ Ages _____

___ Sisters # _____ Ages _____

Religious Affiliation: _____ Denomination _____

Church attended _____

Has your child ever experienced home sickness? (circle) Yes or No

Does your child have other siblings or family members at camp this week? (circle) Yes or No

Name(s) _____

Are there any special situations going on with your child (ex. Recent death in the family, broken friendships, etc.) _____

Interests, Hobbies, and clubs:

What are the most effective means of motivating your child?

Does your child easily make friends with: (circle all that apply): Peers Younger kids Older kids Adults

Confidential Form Continued

Child Name _____

Date of Birth _____

Describe your campers health (circle one): Robust Normal Below Average Special Need

Details if needed: _____

Special fears (if any):

Eating Habits:

Any other information that would help improve your child's camp experience:

Please list Adults that can pick your camper up from camp in your absence

PARENTAL CONSENT

Child Name _____

Date of Birth _____

Participation and Attendance:

I believe my child is able to attend camp and participate in all activities unless otherwise noted on this form.

Accident or Illness:

I hereby affirm that my child is insured against injury and illness. Cleary Baptist Church will not be held liable in the event of injury or illness. I hereby give permission to administer over-the-counter medications. I hereby give permission to Cleary Baptist Church Camp director and/or staff to secure proper medical treatment for my child including but not limited to hospitalization, IV therapy, anesthesia, and surgery. I also agree to assume obligation for any expenses incurred.

Medication Administration:

I hereby release Cleary Baptist Church from all liability in the administration of any medications listed on the health form, as well as over the counter medications that may be needed during my child's stay.

Media:

I understand that my child will be filmed and photographed while participating in camp activities. I have no objections to this media being used for the Camp DVD, promotional material, social media, and Cleary Baptist Church's website.

Printed Name of Parent or Legal Guardian

Signature of Parent of Legal Guardian

Date