

West Virginia Christian Youth Camp

Camper Registration Form

Child's Name: _____

Age: _____ Male: _____ Female: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Last School Grade Attended: _____ Church Affiliation: _____

Parent/Guardian: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: (_____) _____ - _____ Alternate Number: (_____) _____ - _____

The following individuals may pick up my child from camp:

Name: _____ Phone Number: (_____) _____ - _____

Name: _____ Phone Number: (_____) _____ - _____

Family Medical Insurance

Name of Insurance: _____ Policy Number: _____

Doctor's Name: _____ Phone Number: (_____) _____ - _____

Medical History — please check all that apply.

_____ Frequent Ear Infections _____ Diabetes _____ Poison Ivy

_____ Asthma _____ Convulsions/Seizures

_____ Seasonal Allergies _____ Heart Ailments/Disease

_____ Other Medical Problems: _____

Any Known Allergies: _____

Please check medications the nurse can give your child:

_____ Tylenol _____ Benadryl _____ Aspirin _____ Tussin DM

_____ Ibuprofen _____ Pepto Bismol _____ Aleve _____ Midol

_____ Laxative _____ Sinus Tablets _____ Other: _____

Please list any current medications and dosages for each.

Current Medical Issues, Disabilities, and/or Chronic Disease: _____

Dietary Modifications: _____

Other Information: _____