

# “Camper Provided” Medication Info

Name of Medications:

Taking Med's for:

Reactions to Watch for:

Dosage / Times:

**All medicines must be turned in to the nurse at registration.  
All medicines must be in original containers when brought to camp.**

## Medical Release

Camper Name

Camper Program

Name of Pediatrician / Physician Contact

Phone #'s

Insurance Company

Policy No.

Name under whom camper is insured

I understand that, in the event of an emergency, SFDR will make every effort to contact those people listed on this form. In the event that - SFDR is unable to contact my spouse or the designated emergency contact, I give my permission to the physician selected by the camp management to secure treatment for me as named on this form.

I understand the completion of this medical form with my signature grants the above named individual participation in a FCA MX program. I release SFDR staff, faculty, officers, and management from any liability and they shall not be held responsible for any articles lost, stolen, or left at the camp. FCA MX has my permission to use any video or photos taken of me while attending or participating in a camp program to promote FCA MX and its ministry. Triple H Incorporated of Taylorville d/b/a SFDR & FCA MX insurance does not provide medical coverage for me.

**X** Signature \_\_\_\_\_ Date \_\_\_\_\_

# South Fork Dirt Riders/FCA MX 2011 Summer Camp Registration Form

*All Information is Mandatory: Do not Copy Form!*

Camper's Name

Address

City / State / Zip

County

Home Phone

Current School

Mother / Father / Parent / Guardian

Address (if different than above)

City / State / Zip

Mom  Dad  Guardian (relationship) Work Phone

Cell

Mom  Dad  Guardian (relationship) Work Phone

Cell

Email address

Home Church

Birth Date

Current Age

Grade in Fall

Male  Female

Has camper been baptized?  Yes  No

If parent/guardian cannot be reached, in emergency call:

Name

Relationship to Camper

Home Phone

Work Phone

Cell Phone

## Medication Permission Form

I, the parent / legal guardian of the camper named on this form, give my permission for the personnel at SFDR to:

1. Dispense Tylenol or Advil to camper for headache, fever, or minor pain;
2. Dispense Benadryl to camper for allergic reactions;
3. Dispense Tums or Kaopectate for upset stomach;
4. Dispense Hydrocortisone Cream or other antibiotic ointment for minor injuries;
5. Dispense medication(s) brought to SFDR by the parent/ guardian or prescribed by the physician while in attendance;
6. Dispense prescription or other over-the-counter medication designated by and provided by the parent/ guardian or family physician.

**X** Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical History

Health History (Please give approximate dates.)

### Allergies:

	N	Y	Please Explain		N	Y	Please Explain
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Poison Ivy, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____	Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____	Med's	<input type="checkbox"/>	<input type="checkbox"/>	_____

### Various Medical Conditions:

Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	_____	Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Headache	<input type="checkbox"/>	<input type="checkbox"/>	_____	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clotting Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fears / Phobias	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	_____	ADD / ADHD	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Probs.	<input type="checkbox"/>	<input type="checkbox"/>	_____	Vision Probs.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Head Lice	<input type="checkbox"/>	<input type="checkbox"/>	_____	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____				

Important Info: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

## General Information

Help our staff get to know your child and his/ her special needs by providing us with the following **optional, confidential information:**

**Family:** Parents are:  together  separated  divorced  other  
 Camper lives with:  mom  dad  stepparent  
 relatives  guardian  foster parent

Any siblings? If yes, how many & what ages? \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Have you recently moved?  yes  no Death in family?  yes  no

Has your family experienced recent family separation/divorce?  yes  no

Any other traumatic situation? Please describe: \_\_\_\_\_

### Personal Development

Does your child make friends easily?  yes  no

Current teams, groups, or other activities in which the camper participates: \_\_\_\_\_

Please list your camper's special talents or strengths: \_\_\_\_\_

What are your objectives in sending your child to camp: \_\_\_\_\_

Anything else we may need to know? \_\_\_\_\_

## Financial Information

Camp Fee (includes fee, FCA Bible & t-shirt) + \$ 695.00

MX Scholarships - Please help us help others + \$ \_\_\_\_\_

**Sub Total** = \$ \_\_\_\_\_

- less "Multiple Camper" discount - \$ \_\_\_\_\_

(to be eligible campers must be from same family and register at same time.

Discounts are \$15 for 2nd camper, \$25 for 3rd camper, \$35 for 4th + camper)

- less registration deposit \*\* - \$ \_\_\_\_\_

(minimum 50% of **total** required)

**Camper Balance** = \$ \_\_\_\_\_

(due 14 days prior to camp)

I \_\_\_\_\_, am interested in volunteering during camp program as:

medical care giver  counselor  worship leader  as needed

\*\* \$50 of registration deposit is non-refundable. Total registration is forfeited if registration is cancelled within 14 days of first day of camp.

**Make Check Payable to: FCA MX, 140 W. Lenox, Springfield, IL 62704**

**Questions? Call Us - 217-652-2217 or 217-522-7575**

<p><b>Office Use Only</b> Name on Check: _____</p> <p>Check No. _____ Amount: _____ Date: _____</p> <p>Camp Fees Included: _____</p>
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## Code of Ethics

- The following behaviors will result in dismissal from the camp:
  - Hazing or hitting other participants or staff;
  - Continued disrespect to campers, faculty, or staff;
  - Failure to respond to the authority of camp staff;
  - Stealing or pilfering through other's belongings; or
  - Consistently failing to follow the camp dress code.
- Participants who destroy camp property (buildings, equipment, vehicles, grounds, etc.) will be responsible for the cost of repair or replacement.
- Any participant caught with alcoholic beverages, tobacco products, weapons, firearms or fireworks will be dismissed immediately.
- Video cameras, cell phones, pagers, and electronic games are not permitted.

I have read and fully understand the guidelines listed above and agree to follow the rules of the camp.

**X** Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

**X** Parent Signature \_\_\_\_\_ Date \_\_\_\_\_