

**CAMPER'S HEALTH INFORMATION**  
(Please complete one for each camper)

Health Insurance Provider & Policy Number:

\_\_\_\_\_

Name of Insured: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Please check any of the following that apply to your child:

- Sleepwalking       Bedwetting       Fear of dark  
 Insect Allergies       Food Allergies       Diabetes  
 Epilepsy       ADD or ADHD  
 Other (describe) \_\_\_\_\_  
 Dietary Restrictions (be specific) \_\_\_\_\_

Any physical or other conditions/limitations to be taken into consideration?

\_\_\_\_\_

Does the camper require any medication during camp? yes no

Medication type/dosage: \_\_\_\_\_

May we administer aspirin-free medication? yes no

Date of last tetanus shot: \_\_\_\_\_

Other Important Information \_\_\_\_\_

\_\_\_\_\_

If your child requires daily medication, it will be administered by a designated staff member. Please provide specific dosage information for our use. Your child's privacy is important to us. Medical information will be kept confidential. If you have any questions or concerns, please contact the Camp Director. This form is needed to assure fast, efficient medical treatment for your child should the need arise.

**COMPLETE BOTH SIDES AND RETURN TO YOUR CHURCH**  
**2020 REGISTRATION AND MEDICAL AUTHORIZATION FORM**

Please print the following information and circle the appropriate choices.

**Camper's Full Name**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First: \_\_\_\_\_ Last: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First: \_\_\_\_\_ Last: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Camper 1      Sex: M    F    Entering Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Adult/Child

Camper 2      Sex: M    F    Entering Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Adult/Child

Camper 3      Sex: M    F    Entering Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Adult/Child

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone # \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell)

E-mail: \_\_\_\_\_

Emergency Contacts (2 people):

Name	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Glacier Bible Camp, and/or its representative, to obtain medical help for my child, \_\_\_\_\_, during any camp sponsored activity should the need arise. I will also ensure that this form is updated should any changes occur in medical status of my child or in the above listed information. I release Glacier Bible Camp, its officers, agents, servants, and employees of any and all claims, including, but not limited to, any accident happening during camp activities.

My permission is granted from July 20-25, 2020. Added dates for those outside Juneau.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date of Authorization

Camp costs \$100 before June 1 and \$125 after June 1. Registration ends on July 10. Please make checks payable to: Lutheran S.E. Alaska Camping Assn. You may speak to your local church about financial assistance. send Checks to SOV, PO Box 34859, Juneau, AK 99803

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Other Important Information \_\_\_\_\_

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