

**SOUTHEAST MISSOURI BAPTIST ASSOCIATION
CAMP REGISTRATION FORM**

Completion of this form does not require a Doctor's Examination

Name of Camper: _____ Sex: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Name of Church you came to camp with: _____ Completed School Grade: _____

Name of the church that you or your family attends: _____

1. Would you consider your child's state of health to be good? _____
Is there any physical or mental handicap that will prevent the camper from entering into the full program of study and recreation? _____ If so, please explain: _____

2. Does this camper have problems with:

Asthma _____	Ear Trouble _____	Heart Trouble _____
Convulsions _____	Epilepsy _____	Sleep Walking _____
Diabetes _____	Fainting Spells _____	Upset Stomach _____

If any of the above are major problems, or if there is a major problem that is not listed, please explain:

3. Is this camper allergic to any medication? _____ If yes, please list: _____

4. Is this camper dangerously allergic to bee or wasp stings? _____ Poison Ivy: _____
Or any part of a natural camp environment? _____ If yes, please explain: _____

5. Date of last Tetanus Shot: _____

6. Has this camper been exposed to any contagious or infectious disease during the last two weeks prior to the opening day of camp? _____ If yes, please explain: _____

7. Physician that knows this camper best: _____
Full name and Phone number

8. In case of emergency, please notify: _____
Full name/Home phone number/Work phone number

I hereby authorize any emergency medical treatment, including surgery. I understand that every attempt will be made to reach me by telephone at the emergency numbers I have listed.

Date: _____ Signature: _____

Relationship to Camper: _____

(More information on back)

