

Redeemer Arts Camp

PUBLICITY RELEASE FORM:

I give permission to Redeemer Lutheran Church to use my child's photo and /or quotes for publicity about the camp.

Signed _____ Date _____
Parent/Guardian

I hereby grant permission for the staff of the Redeemer Arts Camp to take whatever steps may be necessary to obtain emergency treatment, if warranted. These steps may include, but are not limited to, the following:

- attempt to contact a parent or guardian;
- attempt to contact the child's physician
- attempt to contact the parent or guardian through any other person listed on the medical information form completed for the program;
- if the parent/guardian or the child's physician cannot be contacted, RAC staff will do any of all of the following:
 - a) call another physician or call paramedics,
 - b) call an ambulance, and /or
 - c) have child taken to an emergency hospital in the company of a staff member
- any expenses incurred under #4 above shall be borne by the child's family;
- Redeemer Lutheran Church will not be responsible for anything that may happen as a result of false or omitted information at the time of enrollment.

I understand that the RAC staff will not administer any drug to medication without specific written instructions from the child's parent/guardian.

You are responsible for getting your child to and picked up from Redeemer Arts Camp.

Medical Form and Emergency Notification

Child's name _____

Birthdate _____ Sex _____

Liability Waiver: I, as parent or legal guardian, do hereby grant the RAC staff the right to authorize medical treatment for my child named above in the event that I or my designated representative cannot be reached. I agree to hold harmless Redeemer Lutheran church and its agents, and all camp staff, from liability arising out of an accident situation.

Signature: _____ Date: _____

**REGISTRATION AND MEDICAL FORM
REDEEMER ARTS CAMP**

For office use: Date: _____ Grade: _____ Allergy: Y N Meds: Y N

Child Name: _____

Nick name they like: _____

Date of Birth: _____ M ___ F ___

Age _____ grade in school in the fall _____

Address: _____ apt# _____

City: _____ State _____ Zip _____

Siblings name and ages: _____

Favorite activities: _____

Dropped off by: _____

Picked up by: _____

Mother/guardian: _____

Address (if different than child's) _____

City _____ State _____ Zip _____

Phone: H _____ W _____ Ext. _____
C _____

E-Mail _____

Father/guardian _____

Address (if different than child's) _____

City _____ State _____ Zip _____

Phone: H _____ W _____ Ext. _____
C _____

E-Mail _____

Names of relatives or friends in the event that parents/guardians cannot be reached:

Name and Relationship: _____

Phone: H _____ W _____ C _____

Name and Relationship: _____

Phone: H _____ W _____ C _____

Medical Information:

Family Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health Insurance Co.: _____

Policy #: _____

Hospital preference: _____

Allergies (medications, insect stings, food and other)

Date of last tetanus shot: _____

Contact lenses? _____ glasses? _____

SPECIAL NEEDS

Are there any physical limitations or developmental concerns we should know about that would help our staff

Yes ___ No ___ If yes, please describe:

Current medications (including bee sting kits):

Will medications be taken (OR need to be given) while your child is in our program?

Yes ___ No ___

Permission Slip if answered yes.

I, _____, give the staff of Redeemer Arts Camp permission to give the following medications to my child. It must be in the original bottle

- 1) _____ dose _____ time _____
- 2) _____ dose _____ time _____
- 3) _____ dose _____ time _____

MEDICATIONS MUST BE IN THEIR ORIGINAL PRESCRIPTION BOTTLE.

All medications must be clearly marked with your child’s name, and time the medication is to be given and any other important information.



List siblings attending this camp: _____

Tee-shirts size. Please circle the size your child wears.

Child: XS S M L Adult: S M L

Any other information you would like us to have:
