Camp use only: Registration paid _____

CAMP STOVER CHURCH OF THE BRETHREN

CHILD REGISTRATION & CONSENT FORM

Use separate form for each camper – Please Print

Name of Child _____

Address _____
Street City State Zip

Parent/Guardian Phone # _____ Childs Cell # _____ Childs DOB _____

Childs Age on 9/1/22 _____ Male ☐ Female ☐

Parent/Guardian Email _____ Childs Email _____

Please List Special Dietary Needs _____

T-Shirt Sizes:

Child ☐ Small ☐ Medium ☐ Large ☐ XL

Adult ☐ Small ☐ Medium ☐ Large ☐ XL ☐ XXL ☐ XXXL

Activity Permission and Authorization for Consent to Treatment of Minors:

To the best of my knowledge, the information provided on this form and following pages is accurate and complete. My child, named above, has my permission to attend Camp Stover/Church of the Brethren, and to go on hikes and trips away from Camp, and I have made note of any special circumstances and/or restrictions in the space provided.

☐ Yes ☐ No ** **Parent/Guardian Initials _____**

My child may be released to the emergency contact person in the event that I cannot be reached.

☐ Yes ☐ No ** **Parent/Guardian Initials _____**

Camp Stover may use my child's pictures for promotional use if they appear in any pictures taken this year.

☐ Yes ☐ No ** **Parent/Guardian Initials _____**

While attending or traveling to and from Camp Stover or special activities, I hereby authorize the adult accompanying or assisting my child to consent to any X-Ray examination, any anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and/or surgeon, or to any X-Ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the dental practice act.

****After marking and initialing the above 3 items, please sign one of the following:**

☐ This authorization is given for the protection and preservation of my child and Camp Stover/Church of the Brethren, under and pursuant to the laws of the State of Idaho governing such cases.

Signature _____ Date _____

☐ I do not desire to sign this authorization and understand this information will be in the leader's possession.

Signature _____ Date _____

CAMP STOVER CHURCH OF THE BRETHREN

INFORMATION AND MEDICAL HISTORY FORM

(Required for each child who have/will turn 9 years old by Sept. 1st 2022 – 12th grade/staying in age group cabins)

Name of Child _____
Last First Middle

Address _____
Street City State Zip

Primary Parent/
Guardian Name _____

Address _____
Street City State Zip

Phone # _____

Employer _____ Work Phone # _____

Secondary Parent/
Guardian Name _____

Address _____
Street City State Zip

Phone # _____

Employer _____ Work Phone # _____

Emergency Contacts (in event that a parent cannot be reached):

1. _____
Name Address Phone

2. _____
Name Address Phone

Family Physician _____ Phone # _____

Insurance Carrier _____

Group or Policy Number _____

Philippians 4:5 "Let your moderation be known to all men…"
Camp Stover is thankful for the cooperation of parents and campers who work together to maintain dress standards. Swimsuits are to be worn only when at the pond, or when going to or from Zims. String bikinis and revealing or risqué outfits or clothing will not be allowed. If it might make someone uncomfortable to see it, then you will be asked to change.

All campers at Camp Stover are expected to conduct themselves in a Christ-like manner. The leadership of Camp Stover recognizes that campers are learning and growing to be responsible. The Camp reserves the right to dismiss any camper that is disruptive, disrespectful or cannot follow camp rules. Parents/Guardians will be notified and the child will be sent home.

NOTE: All "Age Group" Campers must check out with their counselor(s) before leaving camp.

HEALTH HISTORY RECORD

Part I: Illness and injuries (check all that apply)

☐ Ear Infection ☐ Bleeding/Clotting Disorders ☐ Hypertension
☐ Asthma ☐ Heart Defect/Disease ☐ Seizures
☐ Diabetes ☐ Musculoskeletal Disorders
☐ Other (please specify) _____

Is there a course of action you pursue at home for any of the above conditions marked that you want us to continue at camp? ☐ Yes ☐ No If yes please explain. Use an additional paper as needed.

Part II: Allergies (check all that apply and specify nature of allergic reaction)

Allergy	Course of action you want us to pursue if any
☐ Animals	_____
☐ Hay Fever	_____
☐ Pollen	_____
☐ Food	_____
☐ Medicines/Drugs	_____
☐ Insect Stings	_____
☐ Plants	_____
☐ Other	_____

Part III: Other Health Conditions (check all that apply)

☐ Bed Wetting ☐ Sleep Disturbances ☐ Motion Sickness
☐ Constipation ☐ Emotional Disturbances ☐ Menstrual Cramps
☐ Nose Bleeds ☐ Hearing Impairment ☐ Fainting
☐ Behavior disorder ☐ Special Learning Needs
☐ Other (please specify) _____

Please explain any items that are checked. Indicate any information that the adult in charge of your child may need to know concerning any of these health conditions and what if anything you do to treat this condition at home. Also, indicate any activity to be encouraged or restricted.

_____

Part IV: Immunizations

Are your child's immunizations current? ☐ Yes ☐ No Tetanus Shot date _____
If no, please indicate which ones are not current _____

NOTE: All "Age Group" Campers must check out with their counselor(s) before leaving camp.

Note: Juniors will have their medication kept & administered by an adult

Please list all medication your child is currently taking (even if self-administered by Jr. High or Youth camper) the prescribed dosage and normal time it is taken each day. All prescription medication must be in a bottle labeled by your pharmacy.

Medication	Dosage	Time
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

For **Jr. High** and **Youth** Campers only, please initial one of the following:

☐ My child can administer their own medication. **(Note: Still must be listed above.)**

☐ An adult should have and administer my child's medication.

Please initial any of the following over the counter medications you would want our medical coordinator to provide to your child for aches, pains, bug bites, etc.

☐ Advil or Motrin (ibuprofen) – for aches, pains, and minor sprains
☐ Tylenol – for headaches or minor pains
☐ Pepto-Bismol – for upset stomach
☐ Benadryl (antihistamine) – for insect bites
☐ Calamine Lotion, Benadryl Cream, etc. – for itching
☐ Cough Drops – for cough or dry throat
☐ Sucrets – for sore throat
☐ Visine – for minor eye irritation
☐ Imodium A-D - for diarrhea

Note: Generics of the above over the counter medications may be used to keep costs down.

Additional concerns or instructions: _____

_____

NOTE: All "Age Group" Campers must check out with their counselor(s) before leaving camp.