

BRANCH ADVENTURES CAMPER REGISTRATION / HEALTH FORM

Office Use:
 Date _____ Amt _____
 Ck.# _____ OnL. / Csh. _____

_____ M / F
 Camper Name (Last, First, M.I.)

Address _____ City _____ State _____ Zip _____
 (_____) (_____) Y/N
 Home Phone # _____ Cell Phone # _____ Texting _____ E-mail Address _____
 Youth S, M, L or
 Horse / Day / Adv / Worship / X- U.P. Adult S, M, L, XL / /
 Circle Camp(s) Attending * _____ Circle Shirt Size _____ Age _____ Birthday _____ Grade-in fall _____

Medical/Health Insurance Company: _____
 Name of Policy Holder _____ Policy No _____
 Medical History: use back if needed _____

 Medicine taken by my child (prescription or other): use back if needed _____

Medicine to be given during Camp hours (prescription or other) use back if needed

| Time | Name of Medication | Dosage |
|------|--------------------|--------|
| Time | Name of Medication | Dosage |

All medications must be in their original containers and turned in to the Health Officer
Allergies to medication, foods, or other: _____
 Branch Adventures' Medical Officer may administer, as needed, over the counter pain reliever, antacid and antihistamine, as well as, bug spray and sun screen, unless otherwise noted. Yes No
 Immunization Status: _____

List any special needs, limitations, or adaptations your child has, either physical or behavioral, that we should be aware of in order for your child to participate in all aspects of camp life: _____

I, _____ am the parent or legal guardian of _____
 print parent name print camper name

My child is attending camp at Branch Adventures. I state that my child is in good health and that all the information on this form is true to the best of my knowledge. I take all responsibility for the health of my child. I authorize the Branch Adventures staff to consent medical or dental care or both for my child if emergency contacts can not be reached. I grant their authority to include administering and authorizing routine medical care, any x-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care under the supervision and upon the advice of a physician and surgeon licensed for medical practice for my child. I further authorize the Branch Adventures staff to receive physical custody of my child upon completion of any treatment. I will not hold Branch Adventures responsible for any injury to my child and I will take care of all medical costs.

I give Branch Adventures permission to use photos/likeness of my child for promotional use: Yes / No
 Parent/Guardian signature _____ Date _____

*A \$25.00 non-refundable deposit or full payment for each camp circled, must accompany this form or be paid online. Camper will not be considered registered until this completed & signed form and payment has been received.
 check enclosed made PayPal payment online paid in full partial payment amount \$_____
 (BAreghealth01.15)

Camper Last Name: _____ First Name: _____
 Parent/Guardian Name(s): _____
 Primary Emergency Contact Name & #: _____
 Secondary Emergency Contact Name & #: _____
 Names of Adults (in addition to parent/guardian) Authorized to Sign Out Camper: _____
 _____ relationship _____
 _____ relationship _____