

Student's Personal Information

Name _____

Address _____

City _____ Zip Code _____

Parent / Guardian _____

Home Phone _____

Emergency Phone _____

Grade _____ D.O.B. __/__/__ __M __ F

Church: Florence Avenue Foursquare Church

Pastor: Terry Risser / Stephen Hibdon

Participants Declaration:

I will abide by all of the camp rules, both written and implied, and conduct myself so as not to discredit my church or myself.

Participants Signature _____

Pastor's endorsement is required:

I recommend this student to the district youth program as one who will cooperate with the program and who is part of our youth group. In the event disciplinary action is needed I will pick up the student and return him/her to a parent or guardian or have said adult pick up the student from the event site. My church has activity Insurance with **ICFG** .

Pastor's Signature: _____

Parent/Guardian statement is required:

To my knowledge this student has not been exposed to any disease during the past 30 days. I consent to any treatment advisable in an emergency, rendered by the event first aid person, medical doctor or hospital, and I realize that my insurance policy is primary in the event a claim should be made for my child. I assume responsibility for the actions of my child and will pay for any damages done by him/her. My signature confirms that I've read and understand and agree with the above mentioned information.

Parent/Guardian Signature: _____

Church Code: 30632

Student's Medical History

Health Insurance Co. _____

Policy No. _____ Group No. _____

Activity insurance is secondary to personal health insurance

Is student on prescription medication?

Yes No

If so, please list what exactly and when it is to be taken:

Date of last tetanus shot: _____ / _____ / _____

Does the student have any of the following conditions?

Diabetes Yes No

Tuberculosis Yes No

Epilepsy Yes No

Asthma Yes No

Other: _____

Allergies (severe reactions only):

Hay Fever Yes No

Penicillin Yes No

Poison Ivy Yes No

Insect Stings Yes No

Other Drugs: _____

Foods: _____

Restricted Activity: _____

Dietary Restrictions: _____
