\*\*Return Registration form, health form & money to Victory Kids Camp, 4245 Baden Strasse, Jasper, IN 47546, ATTN: Pastor Loretta Michel by or before June 2, 2019

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address City State \_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_ Home phone Parents cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_Sex: \_\_\_\_\_\_\_\_\_\_\_\_Church:

For more information call: Pastor Loretta Michel(812)630-9270 or Marcia Kaetzel(812)686-0038. No child may be taken from the camp grounds unless there is an emergency. Thank you for your cooperation in this matter.

Health Questionnaire: This health questionnaire is for the benefit of the camp first aid administrator and physician in case of illness or accident. Please read and complete carefully.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_ Home Phone Cell

I have medical insurance coverage for my child. Yes \_\_\_\_\_ No\_\_\_\_\_\_\_

Name of Primary Insured:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are all immunizations current with State Law? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

My camper may be given over-the-counter, non-prescription medications, not to exceed recommended dosage, for stomach discomfort, burns, cuts, insect bites, rash, aches, fever, cough, congestion, etc. Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ Check any conditions the camper has now or has ever had: \_\_\_\_Heart Trouble \_\_\_\_Seizures \_\_\_\_\_Asthma \_\_\_\_\_\_Diabetes \_\_\_\_Lung Trouble \_\_\_\_HIV/AIDS \_\_\_\_\_Hernia \_\_\_\_\_\_Allergies \_\_\_\_Other (Please explain) Prescription drugs CANNOT be administered unless they are in their original container with correct dosage instructions printed on the label. A note from a physician will be necessary otherwise. Medications being used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Precautions to be observed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Activities to be avoided\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other phone numbers where you can be reached if necessary: Cell phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work/other number

“In case of emergency, I authorize Camp Staff personnel to sign in my absence, permitting my child to be treated in event of sudden accident or illness and I agree to be financially responsible for treatment.”

X Date: