

GENERAL INFORMATION ABOUT CAMPER & Agreement/Permission Form

Camper Name: _____ Camp Registered for: _____

Does camper have any allergies? Yes ___ No ___ If yes, please list: _____

Is camper on any medications? Yes ___ No ___ If yes, please list all medications and the purpose of each: _____

Send instructions with camper. _____

***Note: ALL medications brought to camp are handled by the Camp Health Care Provider.**

Is your son/daughter generally in good health and able to participate in all normal camp activities? Yes ___ No ___

Most recent physical examination: _____ Family Physician: _____

Date

Name

Phone

Your frankness about any physical or emotional disability will enable the camp staff and leaders to work more effectively with your child. Please notify the Loucon office if this child is exposed to any communicable disease during the three week period immediately prior to his/her camp attendance.

For Girls: Has girl menstruated? Yes ___ No ___ Has she been told about menstruation? Yes ___ No ___

Is there anything else you can think of that would help the staff make this camping experience a better one for both your camper and for the other campers? Does your camper require special accommodations?

Agreement/Permission Form

In signing this application, I hereby certify that the above information is correct and give permission for the use of photographs including my child in camp publicity and on Loucon's web page and for the release of medical records for insurance purposes in case of illness or accident. I also acknowledge that I am aware that my camper may be transported for special activities in the camp van. I realize that children at camp can become ill and need medical attention. I hereby give permission to the Camp Health Care Provider to give over the counter medication (such as Tylenol, etc) to my child as proper treatment as deemed necessary for minor ailments. I realize that children at camp can injure themselves without fault on the part of Loucon personnel. I hereby release Loucon from responsibility for injury to my child. I agree to submit any insurance claims to my insurance carrier first and will only use Loucon's insurance plan as a secondary insurance. In case of medical emergency, I understand that every effort will be made to contact the parent or guardian of the camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named below.

_____ X _____
Camper's Name Signature of Parent or Guardian

_____ Date

I understand the above permission form, agree to it, and I will cooperate with the program and policies of the Loucon Training and Retreat Center.

X _____

Camper's Signature

_____ Date

If you are planning to have your child arrive/depart camp with persons other than yourself, please complete the following:

I give my consent for the person/persons listed below to be the only person/persons to transport my child to and from Loucon Training & Retreat Center. The Loucon staff will not allow my child to leave the premises with anyone other than those named below:

Designated Person (Could be "Driver of Church Van")
Date

Parent/Guardian Signature

TO BE SIGNED BELOW AT CONCLUSION OF CAMP:

Camper picked up by:

Signature of Designated Person

Signature of Loucon Staff