

Camper Name: _____ Registered in: _____

GENERAL INFORMATION ABOUT CAMPER & AGREEMENT PERMISSION FORM

Family Physician: _____ Phone: _____

1. Is camper on any medications? No ___ Yes _____. If yes please list medicines and purpose of each _____

2. 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 the child is exposed to any communicable disease during the three week period immediately prior to his/her camp attendance. Please give a description of any current conditions requiring medication, treatment, or special restrictions or considerations while at camp:

3. Are immunizations current? No ___ Yes ___ Date of last tetanus shot: _____
4. Does camper have allergies? Yes ___ No ___ If yes please list _____

5. Does camper have any dietary restrictions? Yes ___ No ___ If yes please list _____

6. **FOR GIRLS:** Has girl menstruated? Yes ___ No ___ Has she been told about menstruation? Yes ___ No ___

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 to special activities in a 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 minor 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 _____ Date _____
Camper's Name Signature of Parent or Guardian

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

X _____ Date _____
Camper's Signature

Is there anyone who **MUST NOT** PICK UP YOUR CHILD? : _____

If you are planning to have your child arrive/depart with persons other than yourself please complete the following: I give my consent for the person(s) listed below 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:

_____ Signature of Parent of Guardian Date _____
Designated Person (could be "driver of church van")

TO BE SIGNED BELOW AT CONCLUSION OF CAMP:

Camper picked up by:

_____ Signature of Designated Person _____ Signature of Loucon Staff