



# WINTER CAMP REGISTRATION MEDICAL HISTORY

REGISTER ONLINE AT  
[WWW.LJCA.ORG](http://WWW.LJCA.ORG)

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Year of Last Tetanus Booster: \_\_\_\_\_ My child is current on all immunizations: \_\_\_yes \_\_\_no

Please list any food, medication, insect or other allergies (you don't need to include seasonal allergies) and describe the reaction and management of the reaction.

Allergies to Foods: \_\_\_\_\_ Severity of Reaction: \_\_\_\_\_

Management/Treatment: \_\_\_\_\_

Other Allergies: \_\_\_\_\_ Severity of Reaction: \_\_\_\_\_

Management/Treatment: \_\_\_\_\_

**Medical condition(s) or history and special health/behavioral/physical considerations or limitations.** Nothing marked indicates the camper has no medical conditions and is capable of full participation.

Medical Condition: \_\_\_\_\_ Explained: \_\_\_\_\_

Recent surgery, injury or permanent conditions that may restrict this camper's activities: \_\_\_\_\_

Optional: Any recent life changes? (death, divorce, homesickness, etc.): \_\_\_\_\_

These over-the-counter medications are stocked at LJCA, used to help manage common illness or injury, and dispensed by standing orders signed by LJCA's supervising physician. Some meds are listed as common brand names, though generic may be substituted. Acetaminophen, aloe vera, ibuprofen, antacid (Tums & Mylanta), antifungal spray, burn gel, Zyrtec, Benadryl (oral & ointment), Epi-Pen (used for anaphylactic reaction), hydrocortisone cream, Lanacaine 1st aid spray, Immodium Ad, Gold Bond medicated powder, Midol, pain relief/ointment (Bengay/Biofreeze), Milk of Magnesia, Miralax, Nix, Sudafed, swimmer's ear drops, throat lozenges, tussin, tussin DM, triple antibiotic ointment, bacitracin ointment, Calamine lotion, orajel, sunscreen, docusate sodium (stool softener), Visine AC

Please list medication(s) you DO NOT want your child to have: \_\_\_\_\_

Current Prescriptions/Non-Prescription Drugs or Medications: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Insured's Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship of alternate contact person: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Male /Female \_\_\_\_\_

Current Grade \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Immersed Christian Yes/No \_\_\_\_\_

### Parent/Guardian Information

Father's Name \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Mother's Name \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Custodial Parent(s) \_\_\_\_\_

Name of Person & Relationship who is registering camper if different than above: \_\_\_\_\_

Church Name \_\_\_\_\_

Minister's Name & Phone \_\_\_\_\_

Visa/Mastercard: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ - \_\_\_\_\_ 3digit CVV Code back of card \_\_\_\_\_

Please make all checks payable to Lake James Christian Assembly

RETREAT DATES: JH & HS FEBRUARY 15-17, 2019

Late Registration of \$10 applies for Winter Camps

JR. HIGH \$65

HIGH SCHOOL \$65

After February 3, 2019 \$75

### CONSENTS

\*I hereby give permission to Lake James Christian Assembly, Inc. (LJCA, Inc.) to hospitalize, secure treatment for and to order anesthesia or surgery for my camper child. I understand however that every effort will be made to contact me in case of such an emergency, if possible, before any such medical treatment is administered.

\*I hereby release the LJCA, Inc. from any responsibility other than normal supervision and care. In case of accident, I will not hold Lake James Christian Assembly, its staff, faculty, management or officers liable.

\*I certify that all information given is complete and correct to the best of my knowledge.

\*I Understand Camp Accident Insurance is Secondary!

\*I DO NOT want my camper to participate in these sports

Air Rifle

Archery Tag

Target Archery

I DO NOT authorize LJCA, Inc. to take and use any photograph or video of the camper named on this application as may be needed for its records or public relations.

I DO NOT allow the camper named on this application to be photographed in the group picture.

**MUST BE SIGNED BY PARENT/GUARDIAN:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_