

**First Presbyterian Church of South Bend Redbud Day Camp
July 10-13th, 2017 Campers Forms**

In order to register your child for camp, please complete the following forms per child and return to the office of First Presbyterian Church. Campers registration is open to 5 years old through 6th grade. Counselors have a separate application and are limited in availability of spaces.

Also enclose the registration fee of \$35 per child.

Please complete:

- | | |
|---|---|
| <input type="checkbox"/> Child/Youth Information Form | <input type="checkbox"/> Permission Slip for Activities |
| <input type="checkbox"/> Medical Information & Release | <input type="checkbox"/> Bug/sunscreen spray form |
| <input type="checkbox"/> Check or cash for \$35 per child | |

PLEASE PACK FOR YOUR CHILD ON THE DAYS OF CAMP:

- | | | |
|-----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Bathing suit | <input type="checkbox"/> Towel |
| <input type="checkbox"/> Bugspray | <input type="checkbox"/> Sun Screen (if not using camp provided) | |

Keep this page as a reference for packing each day.

Please return the forms and payment as soon as possible so we have an accurate count for the week. Any questions, please contact the office of First Prebyterian Church, South Bend (574) 234-4159.

First Presbyterian Church of South Bend Child/Youth Information Form

Redbud Day Camp

Child's Name _____ Preferred Nickname _____

Child's Date of Birth ___/___/___ Gender: M F Child's cell (NA) _____

Child's e-mail (NA) _____ School _____ Grade in school: _____

Need Transportation to Camp: _____

Parent/Guardian Name(s) _____, _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ Phone (work) _____ Phone (other) _____

Phone (cell) _____ Phone (cell) _____

E-mail _____ E-mail _____

Non-Custodial Parent (if applicable) _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____ Cell _____ E-Mail _____

Names and birthdates of brothers and sisters _____

Emergency Contact _____ Relationship _____

Adults/Family Members Who May Drop Off/Pick Up Child

Name	Relationship
_____	_____
_____	_____
_____	_____

Allergies (food, environmental, medication)/Physical Limitations _____

My child is taking the following prescriptions (include reason): _____

T-Shirt Size: Child Small Med. Large Adult: Small Med. Large XL

I grant permission for First Presbyterian Church personnel to photograph and/or video record my child participating in church activities and to use his/her likeness (without names) in church publications (print and/or electronic). _____ YES _____ NO

I grant permission for First Presbyterian Church personnel to administer necessary First Aid and to seek emergency medical attention for my child if needed. _____ YES _____ NO

I have been informed of the Child Protection Policy of First Presbyterian Church and am aware of the procedures for reporting any incidents. _____ YES _____ NO

Is there anything special about your child that you would like us to know, (e.g., custodial arrangements, persons to whom your child should **not** be released?)

Signature _____

Relationship to Child _____

Date _____

OFFICE USE ONLY:

_____ Medical form _____ paid

_____ sunscreen/bug spray form _____ permission slip

We are looking forward to a great summer at Redbud! Please make sure that you pack the following for your child each day:

Lunch (we will provide a drink)

Bathing suit

Towel

Bug spray/sunscreen—we will provide this but if you want a particular brand used, you should supply this item. The bug spray we have will contain DEET. Please indicate below if you will be supplying an item.

It's important to realize that your children **will** be in touch with nature this week, This might include walking in the river (if it doesn't rain), playing on the rope swing, climbing on a tree and swimming in the pool. We want the best experience possible for your children. We want to encourage you to check for ticks each day on your kids.

Please check the following and sign and date below.

Yes my child/ren can **No my child/ren can't have bug spray.**

Yes my child/ren can **No my child/ren can't have sunscreen.**

I will supply my children with bug spray.

I will supply my children with sunscreen.

I _____ of _____
(Parent or Guardian) Camper(s)

Hereby give permission for the staff and volunteers at Redbud camp to apply bug spray and sunscreen on my child/ren as they see needed.

Signature

Date

First Presbyterian Church of South Bend
Parent/Guardian Permission Form for Child/Youth Activities
Redbud Day Camp - Summer 2017

This form is required for all children and youth in grades kindergarten through twelve participating in off-site activities, and must be on file in the Church Office for your child or youth to be included in any such events.

I, _____ (name of parent or guardian) give permission for my son/daughter _____ to participate in _____

REDBUD DAY CAMP JULY 10-13 2017 (name of the event) sponsored by _____

REDBUD DAY CAMP of First Presbyterian Church.

It is my understanding that the event will be held on _____ from _____ to _____ (date and time). The location of the event will be at **Redbud Trail Retreat, Buchanan, MI**, which will be reached by **BUS** (mode of transportation).

I have completed all forms (including Child/Youth Information and Medical Information and Release) as required by the leaders of the event. I have also read all of the information with regard to itinerary, schedule and group rules.

My child is taking the following prescriptions:

The program supervisor may _____ may not _____ administer medications.

Should emergency medical treatment be necessary I authorize: **Redbud CAMP LEADERSHIP** (name of group leader and/or leaders) to act on my behalf and approve appropriate treatment.

Parent or Guardian Signature _____

Date _____

Leader in Charge Signature _____

Date Received _____

FIRST PRESBYTERIAN CHURCH OF SOUTH BEND

CHILD/YOUTH MEDICAL INFORMATION AND RELEASE

Child's Name _____ Preferred Nickname _____

Child's Date of Birth ___/___/___

Parent/Guardian Name(s) _____, _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ Phone (W-M) _____ Phone (W-F) _____

Cell Phone (whom) _____ E-mail _____

() I attest that all immunizations required for school are up to date. _____ Date of last Tetanus Shot

Allergies (foods, medications, insect bites, etc.) _____

Prescriptions/Reason: (e.g., Claritin/allergies; Ritalin/ADD). _____

The program supervisor _____ may _____ may not administer medications.

Over-the-counter medicines (e.g., Tylenol, Pepto-Bismol) may be administered to my child for minor ailments.

List those allowed _____

Other health issues concerning my child are _____

Child's Primary Physician _____ Phone _____

Health Insurance Carrier _____ Policy No. _____

Child's Dentist _____ Phone _____

Dental Insurance Carrier _____ Policy No.: _____

Other Important Health Care Professionals (e.g., eye doctor, orthodontist, psychotherapist, allergist, etc):

_____ Phone _____

Redbud Day Camp Camper forms

Emergency Contact/Relationship/Phone Numbers (please list at least one person not in your household: e.g.,
Joan Smith/neighbor/123-4567) _____

In case of emergency, I hereby authorize the adult leader in charge to select and secure appropriate medical personnel for my child. Further, I authorize those medical personnel to perform and provide all reasonably necessary medical care, including but not limited to, diagnostics (e.g., radiology), hospitalization, anesthesia, surgery, and prescription drugs, advisable for the health of my child/youth.
