

**TRINITY LUTHERAN CHURCH DAY CAMP**  
**CAMPER REGISTRATION/MEDICAL RELEASE FORM**

**July 13-16, 2020**

235 N. Stevens St.—Rhineland, WI 54501—715.362.4258

[www.ComeToTrinity.com](http://www.ComeToTrinity.com)

Please return this form to Trinity along with a check payable to: TRINITY for \$25 per child by June 12.

Camper Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Camper Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Going Into: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper's Home Church: \_\_\_\_\_

The above named camper may be released daily to the following person(s):

\_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Does the camper take any daily medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Drug, Time of Administration & Dosage:

\_\_\_\_\_

\_\_\_\_\_

Does camper have any medical conditions (*i.e. diabetes, asthma, allergies to wasp/bee stings, foods etc.*) that the church should be aware of? No \_\_\_\_\_ Yes \_\_\_\_\_—If yes, please explain

\_\_\_\_\_

By checking this box, I/We hereby grant permission for this camper to participate in all Day Camp activities including off-site events. We retain the responsibility for any and all bodily injury, loss, or damage of personal property. I/We authorize the church to consent to emergency medical or surgical treatment and to routine, nonsurgical medical care for this camper while attending Trinity's Day Camp program.

(Please type name on signature line)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_