

Name of church: \_\_\_\_\_  
 Name of Camp Session: \_\_\_\_\_ Date of Camp: \_\_\_\_\_

## Camper Registration/Medical Release Form for Latham Springs (under 18 years of age)

Camper's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ By the time I get to camp, I will have completed \_\_\_\_\_ grade! Gender:  Male  Female  
 \*\*Social Security #: \_\_\_\_\_ (Required by Texas Dept. of Health and only used if the camper goes to the doctor. Kept CONFIDENTIAL)  
 Are you a Christian?: \_\_\_\_\_ Church member? \_\_\_\_\_ Church: \_\_\_\_\_  
 Parent's/Legal Guardian's Name: \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Dr.'s Name: \_\_\_\_\_ Ph #: \_\_\_\_\_  
**IMMUNIZATIONS:** Date of Tetanus Shot \_\_\_\_\_ Allergic to a Tetanus booster? \_\_\_\_\_ Immunizations up to date? \_\_\_\_\_  
 Health History-List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary) \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Allergies: \_\_\_\_\_  
 If your child has food allergies or special nutritional needs, please complete **FOOD ALLERGY & SPECIAL DIETARY NEED** form and fax to 254.694.4174, then contact the Food Service Director (Cecil Rogers, 254.694.3689) at least two weeks prior to camp dates.

\*All medications must be given to the Camp Nurse. Place them in a large Ziploc bag with your child's name and church name. Prescriptions must be in the original container with the camper's name and the current dosage. No medications will be given unless they are in original containers per Texas Department of State Health Services. If your child/youth requires an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) have them bring at least two (2) to camp. The medication must be registered with Camp Nurse. One (1) will be kept and closely guarded by camper and one (1) given to the Camp Nurse. Similar special cases must be discussed with Camp Nurse. If the need arises, I give my permission for my child/youth to be inspected for head lice/eggs. I understand any such check would be conducted sensitively. I understand Latham Springs' Notice of Privacy Practices uses and disclose health information about my child/youth to the group leader, director, his designee, the child's sponsor and medical staff, when in its sole discretion, believes such communication to be in the best interest of my child for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that he/she receives. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I hereby authorize the Latham Springs Camp & Retreat Center staff, Camp Nurse or Group Leadership to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage. \*\*Please attach copy of insurance card.\*\*  
 If parent cannot be reached in an emergency, please contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Medication	Dosage	Frequency / Time(s)	Comments

**Camper Pick up Policy:** Remember that the continuity of the camp experience is used by the Holy Spirit to touch campers' hearts. Taking a camper out for even a brief period can reduce the spiritual effectiveness of camp. Please minimize absences. Written permission *must* be provided to the camp before a child will be allowed to leave with any person other than listed below.

Authorized Person's Name (please write legibly)	Relationship to Camper	Phone Number(s)

**Camper Statement:** I agree to obey all rules (rules having to do with safety and Christian behavior) and regulations of Latham Springs Camp & Retreat Center, and will cooperate with leaders and fellow campers and with the camp staff at Latham Springs.  
**Camper's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Family Authorization for camper:** In consideration for your agreeing to accept the above-named individual as a camper, I/we hereby assume all risk in connection with participation in the above-named Christian camp. I/We authorize medical and surgical treatment for my child as may be needed in the judgment of the treating physician (physician chosen by Latham Springs management). I/We understand twenty-four-hour first aid care is available on the campgrounds, and I authorize transportation of my child at their discretion in case of emergency. I/We further understand that only limited secondary accident coverage (\$2,500 maximum) is provided. I further give permission and consent to Latham Springs Camp & Retreat Center for any photographs, videotapes and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Latham Springs Camp & Retreat Center with the reproduction either wholly or in part.

**Signature of parent or legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_