



Clearwater Forest and Bryn Mawr Presbyterian Church proudly present:

**CAMP-IN-A-VAN 2015 - POWER UP! Living in the Spirit.**

**REGISTRATION FORM**

**DATE: June 22-26, 2015 Monday - Friday 9 a.m. - 1 p.m.**

(Children entering grades 1-6 in September 2015)

Bryn Mawr Presbyterian Church

420 Cedar Lake Road S, Minneapolis, MN 55405

612.377.5222

9:00 am -- 1 pm: \$60

**Scholarships are available**

Child name	Date of birth	Grade (Sept '15)	T-shirt size
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent Name(s) \_\_\_\_\_ Day/cell phone \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Day/cell phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Day time phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EARLY REGISTRATION IS STRONGLY RECOMMENDED.** Registrations are due NO LATER than the Wednesday prior to the start of the program/activity. Registrations will be accepted on a first come-first served basis.

**FEES:**

# \_\_\_\_\_ of children registering with total fee of \$ \_\_\_\_\_ enclosed = \_\_\_\_\_

## HEALTH HISTORY

The following information must be filled in by a parent/guardian, adult camper, or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of this form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival to camp. Provide complete information so that the cam can be aware of all health needs.

1. Has the participant received all immunizations required for school entrance?  Yes  No  
If no, please provide copy of current immunizations.

2. ALLERGIES: list all known Food, Medications and Other allergies (i.e. bee stings)

Child name	Allergy	Reaction	Treatment	Comments

### Medication Consent

#### Parent's or Guardian's Authorization for PRN (As needed) Medication Administration

I give permission for Clearwater Forest Staff or Bryn Mawr Church first aid staff or volunteer nurse to administer the following checked PRN (as needed) medications to my child as necessary. If a symptom is recurring or a question exists about medication, I understand I will be contacted by phone to clarify the issue. All non-prescription medication label directions will be followed. **IF PRESCRIPTION MEDICATION NEEDS TO BE ADMINISTERED DURING PROGRAM HOURS, THEY MUST BE BROUGHT IN ORIGINAL Rx CONTAINER.**

First aider staff or volunteer nurse may administer the following medications to my child for the presented related symptoms:

- Acetaminophen - fever, headache, pain
- Ibuprofen - fever, headache, pain
- Benadryl - poison ivy, bug bites
- Calamine Lotion - poison ivy, bug bites
- Benadryl Cream - poison ivy, bug bites, rashes
- Hydrocortisone Cream - poison ivy, bug bites, rashes
- Tums (Calcium Carbonate) - upset stomach, heartburn
- Pepto Bismol (Bismuth Subsalicylate) - upset stomach, diarrhea
- Aloe - sunburn
- Cough Drops - cough or sore throat

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE**

Throughout the program your child(ren) may be in photos or videos which may be used in flyers, newsletters, Facebook, or on the website at the church or at Clearwater Forest. Names WILL NOT be identified. Do you give permission for them to be in these photos?  yes  no

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Pick Up After Camp**

Yes, my child can walk home alone after camp.

\_\_\_\_\_ has permission to pick my child up from camp.

**Walking Consent**

I understand that the campers may walk from Bryn Mawr Church with their counselor to Chestnut Park, Bryn Mawr Meadows, Bryn Mawr School Playground or other neighborhood destinations. I give permission for my child to do so.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/VOLUNTEERS ARE NEEDED for snacks, crafts and supervision of some activities, for a day or even an hour or two. If you are available, please sign below. You will be contacted about your availability and interest.**

Name \_\_\_\_\_ ph. # \_\_\_\_\_

Anything else you feel we should know about your camper? \_\_\_\_\_  
\_\_\_\_\_

RETURN FORM TO: Lynda Shaheen, [lynda.shaheen@gmail.com](mailto:lynda.shaheen@gmail.com) , 612.743.7410, or the church office, 377.5222

\*In case of emergency, children will be transported to the nearest hospital