

DEAF & FAMILY & FRIENDS CAMP Registration

July 13-16, 2017

Please fill out form completely -- Please print clearly! Fill out one form for each person attending camp.

Camper's Name _____

Address _____

Home Phone Number: _____ Birthdate: _____ Grade (if child) _____

Email address: _____

Male/Female _____ Are you an immersed (baptized) Christian ? _____ Deaf or hearing? _____

Minister & Church Names _____

MEDICAL HISTORY INFORMATION

Year of Last Tetanus Booster _____ Is Camper current on all immunizations? Yes/No _____

Does this camper have any food, medication, insect, or other allergies? If yes, fill out the following:

Allergy to FOODS: _____ Severity of reaction _____ Management _____

Other Allergies: _____ Severity of reaction _____ Management _____

Does this camper have any medical condition(s) or history? (Nothing indicated means the camper has no medical conditions and is capable of full participation.)

Medical Condition _____ Explain: _____

Any recent surgery, injury or permanent conditions that may restrict camper's activities?

The following over-the-counter medications are stocked at LJCA, used to help manage common illness or injury, and dispensed by standing orders signed by the camp'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), EpiPen (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 any medication(s) above that you DO NOT want your child to have: _____

Current Medications you take (Prescription and non-Prescription): _____

Your Physician: _____ Phone: _____

Health Insurance Co: _____ ID# _____ Group# _____

Insured's Name _____ Insured's Date of Birth ____/____/____

Relationship of insured to camper _____

CONSENTS

*I hereby give permission to LJCA, INC & Deaf Institute to hospitalize, secure treatment for and to order anesthesia or surgery for me/my child. I understand that every effort will be made to contact me in case of such an emergency before any such treatment is administered.

*I hereby release the LJCA, INC & Deaf Institute from any responsibility other than normal supervision and care. In case of accident, I will not hold Deaf Institute or LJCA, INC., their staff, volunteers, 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!

Parent, indicate here if you DO NOT consent:

___ I DO NOT want my camper to participate in: ___ Air Rifle ___ Target Archery

___ I DO NOT authorize LJCA or DI to take and use any photograph or video of the camper named on this registration (disclaimer: some photos may still appear on social media sites).

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

Signed: _____

SIGNATURE OF CAMPER OR PARENT/GUARDIAN: _____

\$10 per person Deposit Due with Registration (up to \$40/family) — Must be received by July 1, 2017

Total camp cost of \$70 per person is due by the start of camp. Scholarships are available, but you MUST apply for them before camp. Children 5 or under are free with a paying adult. **Make checks payable to Deaf Institute.** Mail with registration to: 3515 Warsaw Ave; Cincinnati, OH 45205 (Family maximum payment \$280 for 4 or more.)