

**God's Love Lutheran Church**

791 Newtown-Yardley Rd Newtown, Pa. 18940

215-968-4335 godslovenewtown.org

**2018 VBS Registration Form**



Camper's Last Name First Name Gender Birth Date Entering Grade

Camper's Address Primary Phone

**Parent/Guardian Info**

Name Relationship to Camper Email Alternate Phone

Name Relationship to Camper Email Alternate Phone

**Emergency Contact Info: (Must be someone other than listed above)**

Contact Name Relationship to Camper Contact Phone

Special Requests:

**Health History**

Date of last Tetanus Shot (month/year): Immunizations: All immunizations required for school are up to date. **Yes / No**

Date of last Health Examination: Medications: Yes / No (If yes, please fill out dosage/schedule below)  
All medicine must be in its ordinal container with child's name

Medication Allergies:

Food Allergies/Dietary Restrictions:

Other Allergies:

List any Illness, Chronic Condition, Physical Condition or Mental Limitations the camper has that requires restriction on camp participation

**Insurance Information**

Insurance Company Insurance Policy # Insurance Company Phone #

Insurance Company Address Primary Physician Name Primary Physician Phone #

To the best of my knowledge all registration and health information is correct. Any images recorded while participating in camp activities may be used for the church/camp's promotion free of any claims. I give permission for my child to participate in all camp activities except as noted and agree that the church/camp, its staff/volunteers will not be held responsible for accidents or personal injury arising there from. In the event of an emergency, I give permission to the medical personnel or staff/volunteers selected by the camp/church to secure and/or administer any medical or emergency treatment, including hospitalization, deemed necessary for my child. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the church/camp to arrange necessary transportation for my child. I understand that Bear Creek Camp or God's Love Lutheran Church is not responsible for medical costs due to illness or injury while at this event and I agree to cover all costs associated with any such illness or injury. I am the primary carrier of the accident/health insurance. If all immunizations required for school are not up to date, I understand and accept the risks to my child from not being fully immunized.

Signature of Parent/Guardian (REQUIRED)

Date