

Camp Appanoose Registration Form

Camp Participant _____ Nickname Preferred _____
Address _____ City _____ State _____ Zip _____
Check One: M F Date of Birth _____ School Grade (next year) ____ Phone (____) _____
Specify Camp Program Desired _____ Scheduled Date of Program _____
Friend or Group with which you wish to lodge _____
Emergency Contact _____ Phone (____) _____
Doctor _____ Phone (____) _____
Dentist _____ Phone (____) _____
Medical Insurance Co. _____ Policy Number _____
Date of Last Tetanus Vaccination _____ Allergies _____
Chronic or Debilitating Illnesses (specify) _____ Prescription Drugs _____
Parent/Guardian _____ Relationship _____ Work Phone (____) _____
Pick-Up Permission: I hereby give permission for my son/daughter to leave camp with: _____
Note: Early departures must have written permission of the legal guardian and approval of the camp director.

Health Information

Camp participant; _____

The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted below. Authorization For Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp. I also give permission for treatment of minor ailments. Qualified staff may administer over-the-counter medication for comfort measures except:

Parent/Guardian,
Adult Camper or Staff Signature _____
Signature indicates your willingness to allow Camp Appanoose to use photo of above named camper in camp promotional materials.

All medications, except for inhalers and bee sting medications, brought to camp must be submitted to the camp registrar who will dispense it. All medication must be labeled with campers name and be accompanied by a note of instruction for use.

Health History

<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Mononucleosis	ALLERGIES	OTHER
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Bedwetting
<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> German Measles	<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Sleep Walking
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Attention Deficit Disorder
<input type="checkbox"/> Heart defect/Disease	<input type="checkbox"/> Measles	carries inhaler	on medication
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mumps	<input type="checkbox"/> Insect Bites	
	<input type="checkbox"/> HIV Positive	<input type="checkbox"/> Food/Drug ___ Specify _____	

I've enclosed \$50.00 registration fee.

The Chief's Code

- ▲ I will show respect in my speech toward God and my fellow man.
- ▲ I will be loyal to each member of my group, including my counselor, and honor those in authority.
- ▲ I will be trustworthy and courageous in doing what is right.
- ▲ I will show kindness and compassion toward others, expressing appreciation, and being ready to forgive when wronged.
- ▲ I will care for the property of others and demonstrate concern in protecting the environment.

Signature : _____

Date: _____

- ▼ Chief Appanoose was a quiet natured diplomatic leader while yet a child. He was deeply loved by his people and demonstrated that young people may make a difference.

