



## 2016 VBS DAY CAMP

Join us at:

Grace Lutheran Church  
1815 East 9800 South  
Sandy, UT 84092  
801-572-3793

June 20 - 24

1st thru 6th grade: Mon - Thurs from 9 am - 3 pm  
Fri from 9am - 12 pm

Cost: \$35                      \$25 each additional child

Please bring a DISPOSABLE sack lunch Mon - Thursday

Preschool & Kindergarten: Mon - Fri 9 am - 11:30 am  
Cost: \$20

If your child has food allergy concerns, please plan on providing 2 snacks per day for 1st - 6th grade, or 1 snack per day for P-K.

Registration forms available on our website [www.gracesandy.org](http://www.gracesandy.org)



# 2016 Camp Perkins Day Camp Registration, Health, and Release Form

Participant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Gender: M ( ) F ( ) Height \_\_\_\_ feet \_\_\_\_ inches Weight \_\_\_\_ lbs Grade Entering in Fall of 2015 \_\_\_\_\_ Home Church \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Mother's Full Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Lives with participant? Yes No  
 Father's Full Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Lives with participant? Yes No  
 Emergency Contact Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ In case of emergency, who should we call first? \_\_\_\_\_

**Pick-up Authorization:** Please list all individuals, including siblings who are authorized to pick up this individual from day camp. If the individual is not listed, the primary emergency contact listed above will be called to authorize the pick-up of the camper. If they will be walking or riding a bike home, please check the appropriate box below.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Is this camper allowed to check self out and walk or ride bike home? Yes No

**Current Medications:** Please note, all prescription medications MUST be prescribed to this individual. All medications brought must current and be in their original packaging.

Name of Medication	Reason for Taking	Dosage	Schedule

### Health History

Condition	Circle One	If Yes:	Condition	Circle One	If Yes:	Condition	Circle One	If Yes:	Condition	Circle One	If Yes:	Condition	Circle One	If Yes:
Anxiety or Depression	No Yes	Current Past	Recurrent Headaches	No Yes	Current Past	Heart Disease or Problems	No Yes	Current Past	Diabetes	No Yes	Current Past	ADD or ADHD	No Yes	Current Past
Epilepsy or Convulsions	No Yes	Current Past	Disease or injury to joints or back	No Yes	Current Past	Frequent Colds	No Yes	Current Past	Dizzy Spells or Fainting	No Yes	Current Past	Asthma	No Yes	Current Past
Home Sickness	No Yes	Current Past	Comments, other issues, physical limitations and/or list surgeries											

### Allergies/Dietary Needs

Type of Allergy	Circle One	Describe/Specify Allergen	Mild (Runny Nose, sneezing)	Moderate (Swelling or severe rash)	Severe (Systemic Response/Difficulty breathing)
Food	No Yes				
Medication	No Yes				
Environmental (animal, plant, insect, etc.)	No Yes				
Other	No Yes				

Vegetarian? No Yes Limitations: \_\_\_\_\_ Gluten Allergy? No Yes Limitations: \_\_\_\_\_ Lactose Intolerant? No Yes Limitations: \_\_\_\_\_

**Medical Insurance:** Does this person you have medical insurance? **IF YES**, please attach a copy of both the front and back of your health insurance card.  
 Yes No **IF NO**, please attach a signed letter stating that you agree to pay for any medical costs in the event of an emergency. These costs are not in any way covered by Camp Perkins.

----- Office Use Only -----

**Special Notes:**