Prairie View Christian Church

Youth Camp REGISTRATION FORM

NAME:						
(LAST)			(FIRST)			
GRADE ENTERING IN FALL:	AGE:	SEX:	MALE	FEMALE	T-SHIRT SIZE:	
ADDRESS:						(YOUTH OR ADULT)
		(STREET)				
(TOWN)		(STATE)			(ZIP)	
PHONE NUMBER:						
PLEASE LIST ANY FOOD OR DRU	JG ALLERGIES:					
DOES YOUR CHILD CARRY AN E	PI-PEN?					
PLEASE LIST ANY MEDICATIONS	YOUR CHILD IS	CURREN	ITLY TAK	(ING, INCLUI	DING DOSING IN	STRUCTIONS:
WILL YOUR CHILD BE BRINGING	THESE MEDICA	TIONS (EPI-PEN, B	ENEDRYL, INHA	ALER) TO VBS?	
(PLEASE HAVE ALL MEDICATION NAME, NAME OF MEDICATION				OR CLEARLY	MARKED WITH	THE CHILD'S
PLEASE LIST YOUR CHILD'S SPEC ANYTHING ELSE WE MAY NEED	•			•	_ DIETARY RESTR	ICTIONS OR
EMERGENCY MEDICAL CONSEN	IT AND RELEASE	:				
I AUTHORIZE THE STAFF OF PRAIRIE VI HEALTH AND WELL-BEING OF THE ABO STAFF, AND THE FACILITY, FROM ANY AGREE TO ASSUME RESPONSIBILITY FO	OVE-MENTIONED ST LIABILITY FROM AN	TUDENT IF	NEEDED. ECISION C	I RELEASE PRAI OR INJURY THAT	RIE VIEW CHRISTIAN	N CHURCH VBS
PARENT/GUA	RDIAN SIGNATU	 RE			DATE	

EMERGENCY CONTACT(S):	
NAME:	RELATIONSHIP TO CHILD:
PHONE NUMBER:	
ADDRESS:	
NAME:	RELATIONSHIP TO CHILD:
PHONE NUMBER:	
ADDRESS:	
STAFF USE:	
MEDICATIONS CHECKED IN	MEDICATION CARD FILLED OUT
(PLACE IN BAGGIE WITH CAMPERS MEDICAL CA	ARD FILLED OUT)
APPLICATION REVIEWED FOR FOC	DD AND DRUG ALLERGIES
APPLICATION REVIEWED FOR SPE	CIAL NEEDS
NAME OF STAFF COMPLETING AP	PLICATION