

**GREENWOOD DAY CAMP APPLICATION** (5/12/10)

Make checks payable to and mail form to: Westminster Presbyterian Church,  
1515 Helen Street, Portage, MI 49002 269-344-3966

**CAMPER INFORMATION**

Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Email Address \_\_\_\_\_  
Church Name \_\_\_\_\_ Phone \_\_\_\_\_  
T-Shirt Size (circle one) \_\_\_ Adult \_\_\_ Child S M L XL XXL

**MEDICAL INFORMATION**

Custodial parent(s)/Guardian(s) \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Email address \_\_\_\_\_  
Day Phone # (\_\_\_\_) \_\_\_\_\_ Evening Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_  
Please list any medical conditions including food or drug allergies

Does your child have any disabilities or medical/physical conditions that will require special accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain

Any additional information we should know?  
\_\_\_\_\_  
\_\_\_\_\_

**Medication**

Please list the name, side effects, quantity and purpose of each prescription or over-the-counter medication you brought with you to camp. NOTE: ALL MEDICATIONS MUST REMAIN IN THE ORIGINAL PHARMACY LABELED CONTAINER THAT BEARS THE CAMPER'S NAME ON IT--LOOSE PILLS WILL NOT BE ACCEPTED. Be sure containers are clearly marked with the name of the prescribing physician, the name of the Medication, the dosage and strength, and how often the medication is to be taken.

1. \_\_\_\_\_
2. \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**INSURANCE**

Primary \_\_\_\_\_ Subscriber's Name \_\_\_\_\_  
Insurance phone # (\_\_\_\_) \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Does your insurance company require preauthorization before treatment? \_\_\_ Yes \_\_\_ No

**DEPARTURE**

My child may be picked up by the following individuals, beside the parent(s) or guardian(s) listed above:

1. \_\_\_\_\_ Relationship \_\_\_\_\_
2. \_\_\_\_\_ Relationship \_\_\_\_\_

I, the above listed Guardian of the Camper listed above, give permission to Camp Greenwood & Westminster Presbyterian Church to:

- Obtain medical treatment and disclose emergency medical information to staff and/or emergency medical personnel
- Allow the Health manager to distribute over the counter medication to my camper as needed
- Send my camper home is a medical condition becomes un-manageable and/or at risk in the camp environment
- Utilize all pictures taken of my camper by either photographic, video or digital means for promoting the camp's ministry

I certify that the above information is correct and give my permission for the above mentioned child to participate in day camp.

Custodial Parent(s)/Guardian(s) \_\_\_\_\_ date \_\_\_\_/\_\_\_\_/\_\_\_\_