

HEALTH FORM: 2018

This form gives my legal consent for the treatment of my child. I understand that the camp medical personnel will make every effort to contact me, but will not delay treatment. I do hereby state that I am the parent and/or legal guardian of the named minor, born ___/___/___.

I consent to any necessary examination, anesthetic, medical or surgical treatment, and/or hospital care to be and on the advice of duly licensed medical personnel during the period of my absence. I understand that Virginia has the Good Samaritan Law.

Parent or Legal Guardian signature

CAMPER MEDICAL INFORMATION:

Date of last tetanus shot: ___/___/___

Current Medications: _____

Allergies: _____

Other health info (objections to certain medications, limitations, etc.): _____

CONTACT INFORMATION:

In case of emergency, we will make every effort to contact you. Please provide 2 emergency contacts.

PRIMARY CONTACT:

Home#: _____ Work#: _____

Cell#: _____

SECONDARY CONTACT:

Home#: _____ Work#: _____

Cell#: _____

FAMILY DOCTOR:

Office#: _____

Method of Payment: _____

Insurance Name: _____

REGISTRATION: 2018

Camper Name: _____

Address: _____

City _____ State: ___ Zip: _____

Church: _____

DOB: ___/___/___ Grade Entering: _____

Gender (circle one): M / F

T-Shirt Size (circle one): (Must Register on Time)

Youth: S M L

Adult: S M L XL 2X

Chose your Camp Session:

Teen Week (June 18-23, 2018)

(Entering 7th thru leaving 12th grade)

Junior Week (June 25-30, 2018)

(Entering 3rd grade thru 6th grade)

PERMISSIONS:

This camper has my permission to participate in:

___ Rifles ___ Archery

___ Paintball (requires separate waiver form available at www.camptukaway.com; not played during Junior week)

___ Off Campus Options (May include rafting, river tubing, hiking, etc.)

Parent or Legal Guardian Signature

E-Mail: _____

CAMPER'S PLEDGE:

"I hereby agree to abide by all camp rules, acknowledging that failure to do so will be just grounds for my dismissal."

Camper's Signature

E-Mail: _____

OFFICE USE ONLY

Deposit Received	
Discount	
Balance Due	
Store Deposit	