

2009 CAMPER APPLICATION

EKD Nazarene Children's Camp—June 30 (Tuesday)-July 4 (Saturday), 2009

COST: \$90/camper (\$80/camper *if postmarked by June 16, 2009*)

Checks should be made payable to EKD Sunday School & Discipleship Ministries

Mail check/application to Nevin Westurn, 16006 Bramble Dr., Catlettsburg, KY, 41129

Legal Name: _____ D.O.B. _____
(Last) (First) (Middle)

Address: _____

Nickname: _____ Parent's email: _____

Name of parent/legal guardian with whom the child lives: _____

Phone: Home _____ Work _____ Cell _____

Emergency contact persons (if parent/legal guardian is not available):

1. Name: _____ Phone: _____ Relationship to child: _____

Address: _____

2. Name: _____ Phone: _____ Relationship to child: _____

Address: _____

Name of church that the child attends: _____

Camp ends at 12:00 noon on Saturday. Lunch will be served at noon.

Do you plan to eat lunch at the campground? Yes _____ No _____

If this child has a special request for roommates, please list: _____

*An attempt will be made to place the child with a roommate that he or she requests. We understand that staying with a friend is important to the child. **Early registrations** will have priority for rooming requests. Housing assignments will be made first come, fo*

If anyone other than the parent/legal guardian will be picking up the child from camp (including church van/bus transportation), please list the name below. The child WILL NOT be released to persons not listed on this application. _____

Are there are any legal issues relating to the custody or visitation of the child? _____

If so, please explain on the back of this application.

Photos may be taken during camp to advertise future camps. Will you grant permission to use photos of your child in these promotions? Yes _____ No _____

Parent/Legal Guardian Signature _____

2009 CAMPER HEALTH FORM EKD Nazarene Children's Camp

Legal Name: _____ D.O.B. _____
(Last) (First) (Middle)

Social Security # _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Address of Child if different from parent/legal guardian: _____

Name of Parent/Legal Guardian: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Emergency contact persons (if parent is not available):

1. Name: _____ Phone: _____ Relationship to child: _____
 Address: _____

2. Name: _____ Phone: _____ Relationship to child: _____
 Address: _____

Date of last Tetanus shot: _____

Is child allergic to any foods? If so, please list: _____

Is child allergic to any drug? If so, please list: _____

Is child allergic to insect stings? If so, please be specific. _____

Is child limited from participation in any sport or activity? Please explain. _____

Does child have any problem with bedwetting? Never Occasionally Frequently

Please check all conditions that apply to child's health:

Diabetes Epilepsy Seizures

Heart Asthma

Note any other conditions or handicaps _____

Please list all medications that your child is currently taking. (All medications taken to camp must be in their original prescription bottles.)

| <i>Name of Medication</i> | <i>Dosage</i> | <i>Reason for Medication</i> |
|----------------------------------|----------------------|-------------------------------------|
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The EKD District Children's Camp nurse may give the above-named child age/weight appropriate doses of the following over-the-counter medications, if needed. **Circle those for which you give permission.**

Non-aspirin pain/fever medication (Tylenol or Motrin) Throat lozenges (Sucrets or N'ice) Anti-allergy (Benedryl)

Plain Dimetapp liquid Children's cough syrup Pepto-Bismol

Name of child's doctor _____ Phone _____

Name of Medical Insurance Company: _____ Phone _____

Address _____ Policy # _____ Group # _____

Name of Policyholder & his/her Social Security #: _____

Please attach a copy of insurance card if possible.

2009 CAMPER HEALTH POLICY

Since contagious medical conditions can be a major problem at a summer camp, we regret that children who have acquired a contagious rash, head lice, or other contagious illness may not attend. Please understand that the EKD Sunday School & Discipleship Board and the EKD Children's Ministry Council want the EKD Nazarene Children's Camp to be available to every child and also want the camp experience to be a positive, memorable experience for every child. Since head lice is the most common contagious issue our camp generally encounters, the following applies to every child.

All campers will be checked for head lice during the registration process when they arrive at camp prior to assigning rooms. Those who provide transportation for campers must remain at the camp until this process is complete. Campers with head lice (including nits) or any other contagious medical condition may not attend camp and regrettably must return home for treatment. After the child receives treatment and is free of the contagious medical condition and, in the case of lice, all clothing and linens have been laundered, he/she is welcome to return to camp.

We hope no child has to be sent home at camp because of head lice. There are some steps you can take to ensure that this doesn't happen.

1. Check your camp children for head lice one week before camp. If head lice are discovered, you will have time to successfully treat a child before camp. If children are being brought to camp in a church van, it is the responsibility of the church to see that this step is completed to avoid having to take a child back home.
2. Check your children for head lice the Sunday before camp or the morning you depart for camp.

I understand and accept the Camper Health Policy above. Further, I understand that the parent/legal guardian or church representative that brings a child to camp will be asked to certify that the camper's head was checked for lice prior to arriving at camp.

Parent/Legal Guardian Signature: _____ Date: _____

Pastor Signature: _____ Date: _____

EMERGENCY MEDICAL TREATMENT STATEMENT

*****Signature must be notarized*****

I, _____, legal parent or guardian of _____

Give my permission for first emergency medical treatment in the event of accident, sickness, or injury while my child is attending EKD Nazarene Children's Camp. I also give permission for my child to receive as needed during EKD Nazarene Children's Camp the over-the-counter medications I have circled on the above list. I waive all claims against the Eastern Kentucky District of the Church of the Nazarene, Board, or any representatives because of injury, illness, or damage of property of the above named camper. I understand that "District Children's Ministry Camp Insurance" is secondary to my primary insurance.

Signature of Parent/ Legal Guardian

Date

Signature of Notary

Date

Commission expires on _____.