

RIVER TRAILS DAY CAMP TOT LOT REGISTRATION

*******IMPORTANT DAY CAMP INFORMATION*******

This form is to be returned to your Pack Day Camp Chairman in time to be turned in to the District by the due date. Bring a sack lunch each day (non-spoilable) with drink. No flip-flops, open toed shoes or bare feet. Label EVERYTHING!

Child's Name: _____ Age: _____ Birth date: _____

Address: _____ City _____, MO ZIP _____

Name of Parent/Guardian at Day Camp: _____ Area: _____ Pack: _____

Days in camp (Check all that apply): Wednesday Thursday Friday Saturday

Please check T-shirt size: Small _____ Medium _____ Large _____ Adult-Sm _____

Other _____

(Tot lot registration will be \$20.00 each. **Tot Lot is for Day Camp helpers' youth only.** If the Parent/Guardian must leave camp for any reason, they must take their Tot Lot child with them. Please enclose with application - made out to Ozark Trails Council).

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HEALTH HISTORY

Personal Physician: _____ Phone: _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Relationship: Parent _____ Guardian _____ Other _____

Phone: Daytime: _____ Night: _____

Alternate Emergency Contact: Name: _____ Phone: _____

Have or Subject to: (Check if yes)

____ Asthma ____ Fainting Spells ____ Convulsions ____ Heart Trouble ____ Bleeding Disorders

____ Allergy to any medication, food, plant, animal, or Insect toxin: (List) _____

____ Any other condition that may require special care or medication (List) _____

Check here if none of the above applies

Have difficulty with: (Check if Yes)

____ Eyes ____ Ears ____ Nose ____ Throat ____ Digestion ____ Lungs ____ Sleep Walking

Condition requiring regular medication, Name of medication: _____

Is this medication with child? _____ If not, who has it and where? _____

Other restrictions of activity for medical reasons? _____

Other Comments: _____

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THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK UP MY CHILD FROM DAY CAMP: (PHOTO ID WILL BE REQUIRED AT HEADQUARTERS)

PARENT AUTHORIZATION

This health history is correct so far as I know, and my permission is given to engage in all camp activities except as noted above. In the event I cannot be reached in an emergency, I hereby give my permission for medical treatment by a physician or hospital selected by the Camp Leaders. I will assume all financial responsibility for the costs of such treatment over and above the camp accident insurance that is in force for all participants.

SIGNATURE: _____ DATE: _____