

Registration Information

Child's Name: _____
Address: _____
City: _____ Zip: _____ Grade finished by camp: _____
Male: _____ Female: _____ Age: _____ Birth Date: _____
Parent(s)/Guardian(s): _____
Address: (if different): _____
Phone (home or cell): _____ (work): _____
Emergency Contact: _____ Phone: _____
Address: _____
Email: _____

IMPORTANT

In addition to the parent/guardian, your child may be released to the following:

Name: _____ Relationship: _____
Name: _____ Relationship: _____

HEALTH HISTORY

(Check & give year)

Frequent Ear Infections _____ Measles _____ Diabetes _____
Heart Defect/Disease _____ Mumps _____ Asthma _____
Bleeding Disorder _____ Convulsions _____ Chicken Pox _____
Allergies: Penicillin _____ Hay Fever _____ Poison Ivy _____ Bee Stings _____

Other Allergies: _____

Activities your child might have trouble with: _____

Operations or serious injuries: _____

Chronic or recurring illness: _____

Name of Family Physician: _____

Address & Phone Number: _____

Medical Insurance Carrier: _____

Other Pertinent Insurance Information: _____

PARENT AUTHORIZATION

Parents' Authorization: This health history is correct as far as I know. My child(ren) has permission to engage in all activities except as noted above. I hereby give authorization to the physician named above to order x-rays, routine tests, and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to our family physician to hospitalize, to secure proper treatment, and to order injection and/or anesthesia and/or surgery for my child as named above.

Signature: _____ Date: _____

Signature: _____ Date: _____

*Please return to: Dinsmore Homestead, Attn. Cathy Collopy, P.O. Box 453, Burlington 41005 with payment, or you can pay by credit card with a phone call & email the form to ccollopy@dinsmorehomestead.org. I will contact you by email to confirm your payment was received.

Session One: June 15-19 _____

Session Two: July 13-17 _____