



CAMP REGISTRATION FORM

Attendance Dates _____

CAMPER PERSONAL INFORMATION

Name _____ Age _____ Parent/Guardian Name(s) _____
Sex ☒ M ☐ F Grade Completed _____ Address _____
Address _____ City, State, Zip _____
City, State, Zip _____ Home Phone # _____
Birth Date _____ Social Security # _____ Business Phone # _____
Are you a Christian? _____ Church Member? _____ Pager/Cell Phone # _____
What Church _____ Other person to notify in case of emergency _____
With what church are you attending camp? _____
• ***I promise to obey all camp rules and will cooperate with fellow campers and staff***
Camper's Signature _____ Phone # _____
Family Physician's Name _____
Phone # _____
Personal/Family Health Insurance*: Yes ☐ No ☐
*Name of Health Insurance policy _____
Policy # _____

CAMPER HEALTH CARE INFORMATIONHealth requirements are **mandatory** per **Texas Youth Camp License** issued by TDH (Texas Department of Health).**Medical History**

Provided on the back of this form are tables to list both camper's medical history and shot record. Shot record requires type of shot and dates, same as Texas schools. Merely saying "current" will not be sufficient. (TDH requirement)

Treatment Procedures

Mt. Lebanon has a first aid station which is available 24 ours each day for camper use. Further treatment is provided through a local physician (in-office); Charlton Methodist Hospital, Emergency Room, and Cedar Hill Fire Department ambulance service. Parent will be notified whenever off campus care is required.

Medications

Campers are not allowed to bring either prescription or non-prescription medications for self-administration. All prescription and non-prescription medications must be taken to the Mt. Lebanon Health Center for administration in accordance with the doctor's prescription and parent's instructions on the back of this form.

Medication Authorization

Will your camper be taking prescription or non-prescription medication while at camp?

Yes ☐ No ☐

If "yes" please complete and initial the "Dosage/Time Chart" on the back of this form. When parent/guardian signs the "Family Authorization" agreement below, they are giving permission for the Mt. Lebanon health staff to administer needed medications and to assure further care as required.

CAMPER FAMILY AUTHORIZATION

In consideration for Mt. Lebanon agreeing to accept the above-named individual as a camper, I/We hereby assume all risk in connection with participation in the above named Christian camp. I/We further release and hold harmless Dallas Baptist Association, Mt. Lebanon Baptist Encampment, its trustees, employees, agents, and representatives for any injury, harm, or damage arising out of my child's participation in any form or fashion in the camp. I/We authorize medical and surgical treatment for my child as may be needed in the judgment of the treating physician (physician chosen by the Mt. Lebanon Administrator or an employee working under him). I/We authorize the Mt. Lebanon health staff to administer medications as prescribed and programmed on the "Dosage/Time Chart" on the back of this form. I/We further understand that only limited secondary accident and illness coverage is provided by Mt. Lebanon for off-campus health care needs through in-office doctor, hospital emergency room or ambulance service (claims must be filed within 12 months of the date of injury).

Parent/Guardian Signature _____ Date _____

MEDICAL HISTORY

Appendix removed ☐ yes ☐ no
 Chicken pox ☐ yes ☐ no
 Fainting spells ☐ yes ☐ no
 Asthma ☐ yes ☐ no
 Heart trouble ☐ yes ☐ no
 Convulsions ☐ yes ☐ no
 Diabetes ☐ yes ☐ no
 Allergies to food or medicine? ☐ yes ☐ no
 specify _____
 Any other allergies ☐ yes ☐ no
 specify _____

SHOT RECORD

Shot	Date
Polio	_____
DTP/DTaP	_____
Hib	_____
MMR	_____
Varicella	_____
Hepatitis B	_____
Hepatitis A (if applicable)	_____

Dates are required for all shots (TDH)**MEDICATION DOSAGE/TIME CHART**

Medication	Dosage/Time	Monday	Tuesday	Wednesday	Thursday	Friday

I have double-checked the above chart and verify that it is correct.**—Parent/Guardian Initials**