



Our Savior Lutheran Church Day Camp 2021

What you need to know!

- Day Camp is **June 7th-11th** from **9:00am to 3:00pm** each day.
- Day Camp is for those going into 1st to 8th grade as of fall of 2021.
- Register by turning this form into the church office (address below) or by scanning and emailing to info@oursaviorelca.com. Registration is on a first come, first served basis.
- Cost of camp is \$30. Yes, only \$30 for the whole week! We are able to offer camp at this cost due to a generous donation from a congregation member.

What to remember for the week of camp:

- Camp is only open to 32 campers this summer, to allow enough room for safe play! Masks will be required during indoor (and some outdoor) activities.
- Campers need to wear shoes for running, sneakers are best, we will be playing lots of games indoors and out!
- Each day campers need to bring a packed lunch with a drink. We will provide mid-morning and afternoon snack.
- We would love it if you could help donate a snack item! Ask us what is needed when you register.
- **Thursday night, June 10^h, 7:00pm is our Day Camp program.** Please plan for your child to be there. This is their chance to share with parents, family, and friends what they have learned all week.
- Be ready to have a terrific week of fun!

If you have any questions call the church office: 772-567-2253

Our Savior Lutheran Church
1850 6th Ave
Vero Beach, FL 32960
www.oursaviorelca.com

OUR SAVIOR LUTHERAN CHURCH DAY CAMP REGISTRATION & HEALTH FORM June 7-11, 2021

This Day Camp is a partnership between Luther Springs Camp & Retreat Center and Our Savior Lutheran Church. We want to provide your child with the best possible week of camp including spiritual, physical, and social growth. You can help by carefully filling out this form.

Full Name of Camper _____
Last First MI

Age _____ Gender _____ Birth date _____ Grade Entering Fall of 2021: _____

Camper's Address _____

City _____ State _____ Zip _____

Name (s) of Parent (s) or Guardian _____

Primary Phone (_____) _____ Work Phone (_____) _____ Secondary Phone (_____) _____

Email Address _____

If I cannot be reached in an emergency call: _____ Relationship: _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Home Church: _____

Child's School: _____

Those who are authorized to pick up or drop off my child this week are:

By checking this box **and signing below** I give permission for my child to attend Our Savior Lutheran Church Day Camp 2021.

By checking this box **and signing below** I give permission for photos that may include my child to appear on the Our Savior Lutheran Church or Luther Springs web site, printed information (future advertising forms), or to be posted on a church bulletin board.

Parent/Guardian Signature _____

HEALTH HISTORY AND INFORMATION

Name of Child's Physician: _____ Phone (____) _____

Health Insurance Information:

LUTHER SPRINGS and Our Savior Lutheran Church have secondary accident insurance. The parent/legal guardian is responsible for all charges associated with an accident or illness.

Carrier Name: _____

Carrier Address: _____

Policy #: _____ Phone _____

Policy Holder's Name: _____

Policy Holder's Social Security # _____ Policy Holder's Date of Birth _____

Medical Release and Authorization for Treatment

This day camp is a partnership between Luther Springs Novus Way Ministries and Our Savior Lutheran Church. The undersigned, as parent/legal guardian of the camper, authorizes Luther Springs and Our Savior Lutheran Church, its delegated leaders, directors, and medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. Day Camp leaders will endeavor, but are not required, to communicate with me prior to treatment. The undersigned releases Luther Springs and Our Savior Lutheran Church, and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off site.

Printed Name _____ **Signature** _____ **Date** _____

Describe any current physical, mental or psychological health conditions requiring medication, treatment, or special restrictions or considerations while at camp:

Activities from which the camper should be exempted for health or other reasons:

Allergies: Please list any allergies (food, medicine, insect stings, etc.):

Asthma: ___Severe ___Moderate ___Mild Triggers? _____

Nutritional/dietary restrictions: _____

Diabetic? ___No ___Yes Gluten-intolerant? ___No ___Yes Nut allergy? ___No ___Yes

Camper Medications:

A first-aid kit will be present at all times. It contains the following medications: Tylenol, Motrin, Cold Medication and Antacids/Antidiarrheals. **May your child receive these medications if needed?**

___Yes ___No Comments: _____

IF YOUR CHILD NEEDS TO BRING ANY MEDICATION TO BE TAKEN DURING DAY CAMP HOURS PLEASE FILL OUT THE INFORMATION BELOW. All medications (including aspirin, vitamins) must be checked in with the parish nurse's office upon arrival.

I give my permission for the Our Savior Lutheran Church Parish Nurse or Camp Coordinator to keep and administer the following medications:

Name of Med. _____ Dosage _____ How often _____
Name of Med. _____ Dosage _____ How often _____

Any special information concerning this medication? _____

Signed _____ **Date** _____

Personal Information: Please share any information that will help us give your camper the best experience possible.

Has anything happened recently in your family or with friends that may affect your child's behavior while at camp? Any emotional upsets?

Is your child apprehensive about anything at day camp?

Any other suggestions or special information for the staff to know?
