

CAMP WESLEY PINES 2010 Younger Elementary Camp Registration

Please Circle the camp date of your choice from the list below
Younger Elementary regular camp is for children entering grades 1 thru 3 accompanied by at least one parent or guardian(not more than 2 children per adult).

No parent or guardian attends with camper at Younger Elementary Special Camp.

YEI Camp	June 11 – 12, 2010
YEH Camp	July 23 – 24, 2010
YE Special Camp	June 21 - 23, 2010

Camper Name _____ Age ____ Sex _____

Date of Birth _____ Grade completed before camp _____

Is this your first time to visit Camp Wesley Pines? _____

Parent's Name(s) _____

Parent attending with camper _____

Mailing Address _____

Home Ph. _____ Work Ph. _____ Cell Ph. _____

Church _____ Pastor _____

Please list any food allergies or medical dietary needs _____

REGISTRATION FEES

(must be sent with registration form)

\$40.00 per person regular Younger Elementary camps
\$80.00 per person for Younger Elementary Special camp

Please complete and return registration form & registration fee to:

Camp Wesley Pines
P O Box 307
Gallman, MS 39077

Check out our web site at
www.wesleypines.com

I hereby give permission to Wesley Pines to photograph myself and my child during activities here to be used in newsletters, on web site and/or bible covers

Camp Attending _____

CAMPER PICK UP FORM

For the protection of your child, we require that the following form be completed and returned with the registration documents. Please list the names of those who *are* eligible to pick up your child. If there is anyone you *do not* want to pick up your child, please list those names as well.

Camper's name: _____

Persons **ELIGIBLE** for camper pick-up: *(List only persons you think may be picking up your camper)*

Name: _____

Name: _____

Name: _____

Persons **NOT ELIGIBLE** for camper pick-up:

Name: _____

Name: _____

Name of Parent or Guardian: _____

Signature: _____ Date: _____

(Not to be filled out until camper is picked up)

Pick-up date: _____

Picked up by: _____

Camp Attending: _____

Health Form

THIS FORM ALONG WITH A COPY OF CAMPERS CURRENT SHOT RECORD MUST BE MAILED WITH REGISTRATION. The State of Mississippi Department of Health requires a current copy of the campers shot record along with this form. **No child will be able to attend camp without this form and shot record.**

Camper Name: _____ DOB: _____ Age: ____ Sex: ____
Parent or Guardian: _____ Home Ph: _____
Home Address: _____ Work Ph: _____
_____ Cell Ph: _____
(City) (State) (Zip)

If parent is not available in an emergency, please notify:

- 1. _____ Home Ph: _____ Other Ph: _____
- 2. _____ Home Ph: _____ Other Ph: _____

HEALTH HISTORY (please circle any that apply for list below)

DISEASES	ALLERGIES	OTHER	OTHER
Heart defects/ disease	Insect stings/Bites	Sleep walking	Bed wetting
Convulsions	Penicillin	Fainting	Sunburn
Diabetes	Foods	Upset stomach	Headaches
Bleeding/Clotting disorders	Other drugs	Poor appetite	Other
Asthma		Fear of dark	
Epilepsy		Fear of water	

Details of items checked above: _____

Recent operations and dates: _____

All medications must be turned in to the camp nurse at the time of registration. Please place medications in Ziploc bag with name clearly written on bag. All medications must be in a pharmacy-labeled container or doctors orders must accompany. Please do no send Tylenol, Advil, Pepto, TUMS, or any other common over the counter drugs, the camp nurse will supply these medications as needed.

In the space provided below, please list the name of the medications being sent to camp, dosage amounts and frequency, and special instructions.

Name of Physician: _____ PH: _____

Name of Denist/Orthodontist: _____ PH: _____

IMPORTANT: Both sides of this form must be completed

Restricted Medications

Medication Orders – my child may be given the following meds with the agreement of the nurse on duty:

Permission		Medication	Condition	Notes
Yes	No	Tylenol/Advil	Headache, ear ache, temperature	
Yes	No	Benadryl	Poison Ivy, nasal problems	
Yes	No	Dramamine	Nausea	
Yes	No	Pepto Bismol	Stomach distress	
Yes	No	Topical medications	Cuts & abrasions	

FEMALES: Has she started menstruations? _____ If not, has it been discussed with her? _____

Recommendations and restrictions while at camp

Activities to be encouraged: _____

Activities to be restricted: _____

Swimming/diving restrictions: _____

Other: _____

If there is any special situation/instruction you feel is important for the camp nurse to be aware of, please explain in the space provided below: _____

IMPORTANT: Please notify the camp nurse if this camper has been exposed to any communicable disease (chicken pox, strep throat, etc.) during the three weeks prior to attending camp.

PARENT'S AUTHORIZATION

The health history is current so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician.

I hereby give permission to the physician selected by the Camp Director to order x-ray's, routine test, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper medical treatment for, and order injection and/or anesthesia and/or surgery for my child as named above. Yes No **(circle one)

Be sure to circle "yes" or "no"

Signature: _____ **Date:** _____
(Parent or guardian)