



Oak Hill Christian Service Camp

8451 Oak Hill Camp Road
Mechanicsville, Virginia 23111
804-779-3050
www.oakhillcamp.org

Registration / Medical Form

*(Please complete a separate registration form for **each week** your child plans to attend camp.
Social Security Number is for Insurance purposes only and is not disclosed to third parties or other organizations.)*

Mail this form to Pam Strong, Camp Registrar, 137 Long Creek Drive, Bumpass, Va. 23024

Camper's Name: _____ Sex: M F Grade this Fall: _____

Address: _____ Age: _____ Date of Birth: _____

City: _____ Social Security #: _____

State/Zip: _____ Email Address: _____

Ethnic Group: Caucasian African American Asian Pacific Islander
 Native American Hispanic Other _____

Immersed: Yes No Church I Attend: _____ Member: Yes No

Attended Oak Hill Before: Yes No Week/Date I Plan to Attend: _____

I wish to bunk with: _____

If my child accepts Christ and desires baptism and I cannot be reached for confirmation, my permission is: Granted Denied

How did hear about us: Church Times Dispatch Summer Camp Guide Another Camper Web Search

Parent/Guardian Name(s): _____

Phone: (H) _____ (W) _____ (C) _____

Additional Contact: _____ Relationship to Camper: _____

Additional Contact Phone: (H) _____ (W) _____ (C) _____

Family Physician: _____

Physician's Address: _____

Physician's City/State/Zip: _____ Physician's Phone: _____

Insurance Information: Carrier/Plan Name: _____

Group #: _____ Social Security or Identification #: _____

Name of Insured: _____ Relationship to Camper: _____

Please check if camper has had any of the following conditions:

- | | | | | |
|---|---|--|--|---------------------------------------|
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Poison Oak/Ivy | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Headaches | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Night Terror | <input type="checkbox"/> Fainting | <input type="checkbox"/> Hospitalized | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Heart Murmur |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> High Blood Pressure | | <input type="checkbox"/> ADD or ADHD |
| <input type="checkbox"/> Problems with joints (knees, ankles) | <input type="checkbox"/> Emotional difficulties for which professional help sought | | | |
| <input type="checkbox"/> Knocked Unconscious | <input type="checkbox"/> Experienced dizziness or chest pain during or after exercise | | | |
| <input type="checkbox"/> Other _____ | | | | |

Immunizations

Give month and year of the last immunization/booster or attach a copy of official record:

_____ Tetanus _____ Measles/Mumps/Rubella _____ Diphtheria/Pertussis (DtaP/DT)
_____ Chicken Pox _____ Meningitis _____ Hepatitis A _____ Hepatitis B

Special Medications

Please attach a note indicating type of medication and dosage or if there any known physical restrictions or limitations or allergies for this camper.

Permission to Treat Common Ailments

I give permission for the following medications to be administered for common ailments:

<input type="checkbox"/> Advil	<input type="checkbox"/> Tylenol			
<input type="checkbox"/> Benadryl	<input type="checkbox"/> Bee Sting Swabs	<input type="checkbox"/> 1% Hydrocortisone Cream	<input type="checkbox"/> Aloe Vera Gel	<input type="checkbox"/> Anbesol
<input type="checkbox"/> Liquid Cough Suppressant	<input type="checkbox"/> Sunscreen	<input type="checkbox"/> Cough Drops	<input type="checkbox"/> Pepto Bismol	
<input type="checkbox"/> Antibiotic Cream	<input type="checkbox"/> Sudafed Decongestant	<input type="checkbox"/> Saline Eye Drops	<input type="checkbox"/> Tums	

Authorization to Provide Necessary Treatment or Emergency Care

I certify that the child named on this registration form is in good physical condition, with no organic weakness or problem which would make it unsafe for him/her to engage in an athletic program such as competitive games, running, hiking, and aquatic activities. I also certify that the Camp Manager, Camp Dean, or Camp Nurse has my permission to sign any consent forms necessary for needed medical aid or hospitalization. I hereby give permission to medical personnel selected by the camp to order x-rays, routine tests, or other treatment; to release any records necessary for insurance purposes; to release a diagnosis and prescription to camp staff; and to provide or arrange any necessary related transportation for my child. If I cannot be contacted, I hereby give permission to the physician selected by the camp to secured and administer treatment, including hospitalization. This completed form may be photocopied for trips off of the camp premises.

Parent's Signature: _____ Date: _____

Photo Release

I give permission for Oak Hill Christian Service Camp to use my child's photo on any promotional material (printed or electronic).

Parent's Signature: _____ Date: _____

Dress Code / Code of Conduct

I have read the Camp's Dress Code Policy and Code of Conduct located on the camp's Web site at www.oakhillcamp.org or in the brochure. I understand all rules and penalties and will abide by them.

Camper's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Note: If someone other than the parent(s) / guardian(s) named on this form will be picking up this camper, please attach a note or notify the camp dean or manager, naming the person who will be picking up the camper. No child will be allowed to leave with an unauthorized person until contact can be made with a parent.

Parents or other authorized drivers must sign out the camper with the Dean of the Week before leaving camp property. For your protection and the protection of your campers, please assist us in this area. The camp will not be responsible for those who leave without signing out first!

Make a donation to our pool fund: \$ _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

Mail this form to Pam Strong, Camp Registrar, 137 Long Creek Drive, Bumpass, Va. 23024