

Summer Camp
With
Peace Haven Baptist Church

July 21st, 22nd, and 23rd
(Breakfast at 7:45 am – Pick up at 5:00 pm)
Lunch is included
Kindergarten – 6th Grade

Activities include
Bible study, Worship, Swimming, Crafts, Extreme Laser-tag
and
Wilkes County's largest water slide

What your child needs to bring:
A backpack with the following inside....
Change of clothes, towel, swimsuit, Bible, and sunscreen.

Make sure that your child comes in clothes appropriate for outside games.

All those that have submitted this form by July 1st will receive a free T-shirt!

First name _____ Last Name _____

Parent/Guardian _____ Phone # _____

Emergency Contact _____ Phone # _____

Grade completed _____

T-Shirt Size – Choose One:

(Youth) – Small Medium Large

(Adult) – Small Medium Large X large XX large

We will have early registration on Sunday July 20th from 6:30 – 7:30 pm

Please bring your child's registration form to PHBC or mail it to us at...
P.O. Box 1188
N. Wilkesboro, NC 28659

If you have any questions please feel free to call us. 838-8871

MEDICAL INFORMATION FORM

Child's name _____ Age _____ Grade _____
Address _____ City _____ Zip _____
Mother's name _____ Phone _____
Address _____ CITY _____ Zip _____
Place employed _____ Work Phone _____
Father's name _____ Phone _____
Address _____ City _____ Zip _____
Place employed _____ Work Phone _____
Emergency contact person(s) _____ Phone _____
_____ Phone _____

List the **only** person(s) that will be allowed to pick up your child:

Physician's name _____ Phone _____
Dentist name _____ Phone _____
Medical Insurance Carrier _____ Policy# _____

MEDICAL HISTORY

List any chronic medical problems (Diabetes, cancer, Seizures, etc.) _____

List any impairments (Vision, Hearing, Broken Bones, etc.) _____

Allergies. (Bee stings, medication, food, etc.) _____

List all Medications and dosages your child is taking: _____

Will your child be taking any medications during camp YES ___ NO ___ If yes please fill out medication sheet attached and bring medications to camp labeled with name and dosage if not in its original bottle.....

Is your child able to swim YES ___ NO ___ IF NO PLEASE PROVIDE ARM FLOATS OR LIFE VEST.

We take every precaution to make sure that your child has safe and fun time at camp, but in the event that an accident arises we need permission to seek medical attention in your absence until you are contacted.

I _____ being the parent or legal guardian of _____
Give permission for the staff at PEACE HAVEN BAPTIST CHURCH YOUTH CAMP to seek medical attention and make decision on the care or treatment of my child in my absence until I am able to be notified....

PARENT OR GUARDIAN SIGNATURE _____ date _____

