



Session Attending

2017 Registration Form

Camp Ida is Located at:
50 CR 1207
Maud, TX 75567

Mail This Form To: **Camp Ida Registration**
PO Box 465
Mt Vernon, TX 75457

903-537-4129

Please fill out, print, sign, and mail one form for each child attending. If your child plans to attend more than one session, you need to fill out a different form for each session. Include payment with registration forms.

Camper's Name

DOB

Age

Camper's Email

Camper's Gender

Grade Completed

Camper's Shirt Size

Y-S Y-M Y-L A-S A-M A-L A-XL
A-XXL A-XXXL

Primary Parent/Guardian

Name

Address

City

State

Zip Code

Email

Cell Phone

Secondary Phone

Secondary Parent/Guardian (optional)

Name

Email

Cell Phone

Secondary Phone

By signing, I understand camp registrations are due by May 25 for all sessions to avoid \$5 late fee. I am enclosing payment of \$135 for each application. I also understand each session will accept registration for the first 45 girls And 45 boys for each session. Overflows are not permitted and I will be notified if my child's preferred session is Full.

Current Date

Signature of Parent/Guardian



Medical Release Form 50 CR 1207 Maud, TX 75567

Camper Name _____ DOB _____ AGE _____

In case of emergency, and parents cannot be reached, please contact the following:

Name _____ Phone (____) _____ Relationship to Child _____

Name _____ Phone (____) _____ Relationship to Child _____

All medications must be turned in to camp nurse upon arrival and kept in ORIGINAL containers (prescription and non-prescription).

List ALL prescription medications and dosages for your child below:

Prescription 1 Name _____ **Reason for Medication** _____

Dose to be given _____ When _____

Please Check One: Will this medication be given to the child while at camp? Yes No

Prescription 2 Name _____ **Reason for Medication** _____

Dose to be given _____ When _____

Please Check One: Will this medication be given to the child while at camp? Yes No

Prescription 3 Name _____ **Reason for Medication** _____

Dose to be given _____ When _____

Please Check One: Will this medication be given to the child while at camp? Yes No

Prescription 4 Name _____ **Reason for Medication** _____

Dose to be given _____ When _____

Please Check One: Will this medication be given to the child while at camp? Yes No

Does your child have any drug, food or seasonal allergies?

Please Check One: Yes No

If yes, please list ALL allergies: _____

Please list any and all medical conditions that could affect the care we or any medical personnel may give your child, such as seizures, diabetes, heart conditions, fainting, asthma, mental illness etc.

Please check yes or no to identify which medications your child is allowed to receive or not allowed to receive from the health center. Meds that you check yes to will be given on an as needed basis only for the possible symptoms listed below.

Acetaminophen (Tylenol): Acetaminophen is used for the relief of fever as well as aches and pains associated with many conditions.

Yes No

Antidiarrheal (Maalox): Relieves symptoms of excessive stomach acidity in patients with indigestion, heartburn, gastroesophageal reflux disease, or stomach or duodenal ulcers.

Yes No

Bismuth Subsalicylate (Pepto-Bismol products): Used to treat diarrhea and minor stomach problems, such as stomach inflammation.

Yes No

Calamine Lotion: Used as an antipruritic (anti-itching agent) to treat mild pruritic conditions such as sunburn, eczema, rashes, poison ivy, chickenpox, insect bites and stings.

Yes No

Chlorpheniramine Maleate (Robitussin Cough & Allergy Syrup): Temporary relief of sneezing, itchy, watery eyes, itchy nose or throat, and runny nose caused by hay fever (allergic rhinitis), or other respiratory allergies.

Yes No

Cough Drops (Generic): Used to ease coughing or soothe a sore throat.

Yes No

Diphenhydramine (Benadryl): Used for treating allergic reactions.

Yes No

Dramamine / Bonine: Used to treat motion sickness.

Yes No

Guaifenesin (Mucinex" products; Robitussin Cough & Cold CF Liquid): Used for the treatment of cough associated with colds and minor upper respiratory tract infections.

Yes No

Ibuprofen (Advil): Used to treat headaches, muscle aches, backaches, dental pain, menstrual cramps, arthritis, or athletic injuries. This medication is also used to reduce fever and to relieve minor aches and pain due to the common cold or flu.

Yes No

Loratadine (Claritin products): Provides relief of seasonal allergy symptoms such as watery eyes, runny nose (rhinitis), itching eyes, and sneezing. It is also used for hives.

Yes No

Mylanta / Tums: Used to treat upset stomachs.

Yes No

Poison Ivy Treatment (Ivy-Dry): Used to treat itching, skin rash, oozing, or other irritation caused by insect bites or by coming into contact with poison ivy, poison oak, or poison sumac.

Yes No

Pseudoephedrine Hydrochloride (Advil™ Cold & Sinus products): Temporarily relieve symptoms of the common cold, sinusitis (swelling and pain in the sinuses), and flu, including stuffy nose, fever, headache, and body aches and pains.

Yes No

Tolnaftate (Tinactin): Used to treat skin infections such as athlete's foot, jock itch, and ringworm infections. Tolnaftate is also used, along with other antifungals, to treat infections of the nails, scalp, palms, and soles of the feet.

Yes No

Date of last Tetanus Shot _____

We highly recommend campers be current on their tetanus and other vaccinations. It is also helpful if copies of vaccination records are sent with registration forms or brought on the day of registration.

I hereby give Camp Ida permission to take my child to any hospital facility or outside doctor when deemed necessary.

Furthermore, I hereby give permission to such hospital or outside doctor to authorize x-rays and emergency treatment if deemed necessary. I understand that all medical bills for service rendered by anyone other than the camp's medical staff are my responsibility. I authorize the release of any medical information or records related to treatment, referral, billing or insurance purposes related to my child. A copy of this document may be accepted in lieu of the original. I have read the Medical Permission Statement above and understand its terms and accept its conditions.

Parent's Signature _____ Date _____

If your child's clothing does not meet Camp Ida dress code, you will be called to come get your child.