

**Summer Camp and Conference Overnight  
Registration Form and Health Form**

**\*This form must be completed before campers can participate in any events at Carthage College\***

Camp/Conference Name: \_\_\_\_\_ Date of Camp: \_\_\_\_\_ to \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month, Day, Year)

E-mail: \_\_\_\_\_

Sex:  Male  Female Check One:  Camper  Adult Leader/Chaperone

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) City State Zip

**CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL  
TREATMENT**

Parents or Legal Guardian:

If your son, daughter, or ward will be under the age of 18 while at Carthage College, it is camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by designated camp health staff with the exception that controlled drugs (i.e. Codeine, Ritalin, Adderall, Dexedrine, etc.) must, by law, be administered by camp health staff.

All prescription medication must be in the original medicine bottle and labeled with the camper's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. You must also complete the form below:

- No medication(s) have been brought to camp.
  - I want the medication or medical devices self-administered (age 14 or above only).
  - I want the medication or medical device administered by the designated camp staff.
- However, a limited amount of medication for life-threatening conditions may be carried by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

If your son, daughter, or ward will be under the age of 18 years while at camp, it is the policy to secure your consent for all of the following. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity
- I attest that all information on this form is correct.
- I agree to hold harmless and indemnify the Board of Trustees of Carthage College, their officers, agents, and employees for any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my son, daughter, or ward in the course of the camp/event.

Date of last Tetanus Booster: \_\_\_\_\_

Medications Camper will be taking at camp:

Name of Medication	Reason	Dosage (mg)	Time of day given	Prescribing Physician & Phone Number

Health Conditions (Check specifics)

- Asthma \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Epilepsy \_\_\_\_\_
- Other Conditions \_\_\_\_\_

Allergies (check & list)

- Insect stings \_\_\_\_\_
- Foods \_\_\_\_\_
- Medications \_\_\_\_\_
- Other Allergies \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

