



MILTON CAMPUS | 2019 SUMMER CAMP

Registration & Emergency Medical Treatment Form

Please complete both sides of this form.

Child's Information

Last Name: _____ First Name: _____

Preferred Name: _____ Phone: (____) _____ DOB: _____

Address: _____

Gender: M F Parent Lives with: () Both () Mother () Father () Guardian/Other

Grade Entering (Circle one) K 1 2 3 4 5 6

Our student(s) are enrolled in Delmarva Christian Schools and our information is current in RenWeb (skip ahead to DCMC Emergency Procedures Section).

First Parent/Guardian

Salutation _____ Last Name _____ First Name _____

Middle Name _____ Relation _____ Marital Status _____

DOB: _____ Email Address _____

Address: _____

Home Phone (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Emergency Contact: () YES () NO Authorized Pick-up: () YES () NO

Occupation: _____ Company: _____

Second Parent/Guardian

Salutation _____ Last Name _____ First Name _____

Middle Name _____ Relation _____ Marital Status _____

DOB: _____ Email Address _____

Address: _____

Home Phone (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Emergency Contact: () YES () NO Authorized Pick-up: () YES () NO

Occupation: _____ Company: _____

Other Contacts

Name 1: _____ **Phone:** _____

Relation: _____ Emergency Contact: () YES () NO Authorized Pick-up: () YES () NO

Name 2: _____ **Phone:** _____

Relation: _____ Emergency Contact: () YES () NO Authorized Pick-up: () YES () NO

Name 3: _____ **Phone:** _____

Relation: _____ Emergency Contact: () YES () NO Authorized Pick-up: () YES () NO

Photography Usage

DCMC has my permission to use my child's photograph for any summer camp related media, inclusive but not limited to: brochures, newspapers, website, promotional items, etc. () YES () NO

Registration & Emergency Medical Treatment Form – Page 2

Child's Medical Information

Physician: _____ Address: _____

Phone: (____) _____

Dentist: _____ Address: _____

Phone: (____) _____

Please check if your child has any of the following:

Asthma Diabetes Kidney Injuries

Seizure Condition Heart Condition

Other Medical Conditions (explain): _____

List known allergies or reactions to any insect bites/stings, food, medications, etc.: _____

List any routine/required medications child takes: _____

This information may be shared with school/summer camp personnel as needed.

DCMC Emergency Procedures

Delmarva Christian Schools has adopted the following procedures in caring for a camper when he/she becomes sick or injured at school:

In case of emergency and/or need of medical or hospital care:

1. The camp will call emergency number. If there is no answer,
2. The camp will call the father's, mother's or guardian's place of employment.
3. If none of the above answer the camp will call an ambulance, if necessary, to transport the student to a local medical facility.
4. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
5. The camp will continue to call the parents/guardians until reached.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

I understand that Delmarva *Christian* School will operate the camp from a Christian perspective and that my child will be taught Christian principles during camp. I also agree to resolve any disagreements that may arise according to the principles of God's Word and the policies of Delmarva *Christian* Schools.

Parent/Guardian Signature: _____ Date: _____

\$50 Non-Refundable Deposit due with Registration

OFFICE USE ONLY:

Registration Paid: _____ Check #: _____ Cash: _____ Amount: \$ _____