



MILTON CAMPUS | 2021 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:** \_\_\_\_\_

**\$200 per child per week — Pre-paid two weeks in advance**

### OFFICE USE ONLY:

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