

# Registration Information

Child's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade finished by camp: \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Parent(s)/Guardian(s): \_\_\_\_\_  
Address: (if different): \_\_\_\_\_  
Phone (home or cell): \_\_\_\_\_ (work): \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

## IMPORTANT

**In addition to the parent/guardian, your child may be released to the following:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## HEALTH HISTORY

(Check & give year)

Frequent Ear Infections \_\_\_\_\_ Measles \_\_\_\_\_ Diabetes \_\_\_\_\_  
Heart Defect/Disease \_\_\_\_\_ Mumps \_\_\_\_\_ Asthma \_\_\_\_\_  
Bleeding Disorder \_\_\_\_\_ Convulsions \_\_\_\_\_ Chicken Pox \_\_\_\_\_  
Allergies: Penicillin \_\_\_\_\_ Hay Fever \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Bee Stings \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Activities your child might have trouble with: \_\_\_\_\_

Operations or serious injuries: \_\_\_\_\_

Chronic or recurring illness: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_

Address & Phone Number: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Other Pertinent Insurance Information: \_\_\_\_\_

## PARENT AUTHORIZATION

Parents' Authorization: This health history is correct as far as I know. My child(ren) has permission to engage in all activities except as noted above. I hereby give authorization to the physician named above to order x-rays, routine tests, and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to our family physician to hospitalize, to secure proper treatment, and to order injection and/or anesthesia and/or surgery for my child as named above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please return to: Dinsmore Homestead, Attn. Cathy Collopy, P.O. Box 453, Burlington 41005 with payment, or you can pay by credit card with a phone call & email the form to [ccollopy@dinsmorehomestead.org](mailto:ccollopy@dinsmorehomestead.org). I will contact you by email to confirm your payment was received.

Session One: June 16—20 \_\_\_\_\_

Session Two: July 14—18 \_\_\_\_\_