



2026 Summer Camp

Camper Registration Form

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Organization Attending With

Week Attending

CAMPER INFORMATION

First

Middle

Last

Birthdate

Age

Gender

Years Attending Camp

Ethnicity

Camper Lives With

Camper Shirt Size

Camper Shoe Size

Are Both Parents Living

FAMILY INFORMATION

Street Address

City

State

Zip Code

Type (House, Apt)

Parent or Guardian Full Name

Email Address

Phone Number

Profession

Relationship to Camper

Spouse Information (Optional)

Parent or Guardian Full Name

Street Address (if different from camper)

City

State

Zip Code

Type (House, Apt)

Email Address

Phone Number

Profession

Relationship to Camper



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MEDICAL HISTORY - MEDICATION ALLERGIES

No Known Medical Allergies

Camper is allergic to Amoxicillin Yes No

Camper is allergic to Penicillin Yes No

Camper is allergic to Bactrim/Septra/Sulfa Yes No

Camper is allergic to Tylenol Yes No

Camper is allergic to Ibuprofen Yes No

Camper is allergic to another medication Yes No

Camper is allergic to Latex Yes No

If Yes, list medicine here

MEDICAL HISTORY - ALLERGY HISTORY

No Known Allergies

Camper is allergic to Peanuts Yes No

Camper is allergic to Eggs Yes No

Camper is allergic to Gluten Yes No

Camper is allergic to Dairy Yes No

Camper is allergic to Shellfish Yes No

Camper is allergic to insect stings Yes No

Camper is allergic to Poison Ivy, Poison Oak, or Sumac Yes No

If Yes, specify insect

If camper has any other allergies or if we need other information pertaining to allergies and your camper, please write it here

MEDICAL HISTORY - HEALTH HISTORY

No Known Health Conditions

Asthma Yes No

Hypoglycemia Yes No

Migraines Yes No

Celiac Disease Yes No

Eczema Yes No

Seizure Disorder Yes No

Hard of Hearing Yes No

Cardiac Issues Yes No

Bladder/Kidney Yes No

Diabetes Yes No

Sickle Cell Anemia Yes No

Gets ill when exercising in heat Yes No

Physical Disability Yes No

If Yes, specify disability

Hospitalization in the last year? Yes No

If Yes, specify hospitalization

Are there any activities your camper is restricted from doing or any other information we need to have?



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MEDICAL HISTORY - SOCIAL CONCERNS

No Known Social Concerns

ADD/ADHD Yes No

Sleep Walking Yes No

Night Terrors Yes No

Depression Yes No

Bi-Polar/Psycho - Social Disorder Yes No

If Yes, explain

If Yes, explain

Anxiety Yes No

If Yes, explain

MEDICAL HISTORY - MEDICATIONS

No Medications Needed

Medicine will not be dispensed unless the following guidelines are met:

- If you are bringing prescription medications they MUST be in the original pharmacy labeled container or the original manufacturer's container.
- Prescription medications MUST have your attendee's name on the bottle.
- Any doctor's office samples MUST be accompanied by a signed physician prescription.
- Please limit the amount of medication to only what is required for your attendee's term.
- Our Health Center provides most common over the counter medications. Please do not send these to Camp Grace.

Medication	Route of Administration	Strength of Dose	Circle all that Apply	Special Instructions
			Breakfast Dinner Lunch Bedtime As Needed	
			Breakfast Dinner Lunch Bedtime As Needed	
			Breakfast Dinner Lunch Bedtime As Needed	
			Breakfast Dinner Lunch Bedtime As Needed	

MEDICAL HISTORY - INSURANCE

Insurance Company

Policy Number

Name of Doctor

Doctor Phone Number



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MEDICAL HISTORY - EMERGENCY CONTACTS

Relationship	Full Name	Phone number
Relationship	Full Name	Phone number
Relationship	Full Name	Phone number

MEDICAL HISTORY - RELEASE

Medical and Liability and Image Release

“The undersigned represents to Vision Atlanta / Camp Grace (herein referred to as VA, a non-profit organization, that he/she is the legal guardian and natural parent or the legal guardian of the above named child; and the undersigned does hereby consent to such minor taking part in the Vision Atlanta Camp Grace, with full understanding that insofar as such activity will involve but is not limited to traveling to and from camp in vans or busses, eating food prepared by camp staff or local restaurants, swimming, horseback riding, camp sports which includes high ropes courses, archery, that there is always the risk of injury, illness, loss, death, and possible consequent expenses for the medical, diagnostic, and curative treatments, and incidental loss and expense, and the undersigned does for him/herself and for and on behalf of such minor assume the risk of such expense and does hereby wholly release VA and any representative from any responsibility or liability; and waives any claims or causes of action against it or its agents that might rise on account of loss, injury, death, or expense occasioned by any sort of accident or any other circumstances involving such child, and agrees to hold harmless in event any such claim should arise; and the undersigned agrees to abide by the rules and regulations, supervision and discipline set applied by VA and its agents, and does hereby authorize VA or its representatives or other agents to arrange for any needed medical treatment or x-rays, and hold harmless VA from any such expenses. The undersigned will reimburse VA fully or furnish payment or insurance for any such payment, at his or her own expense. The undersigned also agrees to pay in full for any property damage caused by his/her own child. Permission is also given to the camp nurse or doctor to administer over the counter medication to the above named child as needed. The undersigned also gives permission to VA to use any image, video or written material that the above named child is in or wrote. Images and videos will be used for the sole purpose of promoting the camp and not for financial gain. The undersigned understand that the directors of VA reserves the right to dismiss any camper (at the Ministry Partner's expense) who completely disregards the authority set in place at Camp Grace or whose influence and conduct becomes in any way detrimental to the best interests of other participants and staff at Camp Grace.

Parent/Guardian Signature

Date