VBS Day Camp Registration & Emergency Health Form

Church Where Day Camp is Being Held: First Presbyterian Church of Marshfield
Town/St: Marshfield, WI **Date:** August 4-7, 2025

I understand and certify that my child's participation in FPC's Day

Camp program held at the church and its activities is completely voluntary. I recognize that certain hazards and dangers are inherent in Day Camp events and programs and I acknowledge that although the church has taken safety measures to minimize the risk of injury, the church cannot insure nor guarantee that the participants', equipment, premises and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the church's rules, regulations and procedures for the safety of participants. I waive any claim against the church and/or its personnel for any lost articles; for any injury to my minor child; and/or any injury to myself. The church assumes secondary insurance coverage. I assume primary coverage.

This health history is correct so far as I know, and the person named on this form has permission to engage in all camp activities except as noted.

AUTHORIZATION FOR TREATMENT: In case of emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the VBS Day Camper.

In the event I cannot be reached, I hereby give permission to the medical personnel selected by the church to order x-rays, routine tests, treatment, and necessary transportation for my child. I give permission to the physician selected by the church to secure and administer treatment, including hospitalization, for my child as named on this form.

AUTHORIZATION FOR USING LIKENESS: I hereby give permission for photographs/ video including my child and/or myself to be used in the promotion of First Presbyterian Church.

COMPLIANCE WITH ELECTRONICS POLICY: I understand that no electronic devices except cameras are allowed and I certify that I have ensured my child's compliance with this policy.

2025-2026 PROGRAM REGISTRATION: Please use this form for Program Registration at (check appropriate box):

☐ FPC 2025-26 Program Year Registration

_____ _____

Signature of Camper's Parent/Guardian Date

The information on this form is gathered to assist us in identifying appropriate care and will only be shared with medical personnel. This form is to be completed by the parent(s) or legal guardian(s) of minors.

Camper's Name _____
Last First MI

Preferred Name_____ ☐ Female ☐ Male

Telephone_____ Birth Date_____

Home Address _____
Street City State Zip

Email:_____

Parent/Guardian—In an emergency, notify:

Name_____Telephone _____

Relationship _____

Location while camper is VBS Day Camp _____

Who will be picking your child up?_____

HEALTH HISTORY

Does the camper have any conditions requiring special care or that limits their participation in activities? Please explain.

_____
_____
_____
_____

Does the camper have any allergies, i.e.: food, meds, etc? If so, describe reaction and treatment.

_____
_____
_____
_____

Please provide any information regarding your child that you think would be helpful to VBS staff working with your child.

_____
_____
_____
_____

Do you carry family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate: Carrier _____
Policy or Group # _____