

# Deerwander 2007 Bible Conference Middle School Camper Enrollment Form

NH STATE LAW requires a Health History and Statement of Health SIGNED BY A PHYSICIAN stating that each camper has had a physical within two years. Please complete this enrollment form to register your child for Deerwander and send it and the \$25 deposit to Jon Evans, 179 County Rd. Ipswich, MA 01938, **AND** have your doctor complete the Health form or one of their own. You may send the health form separate from your registration form, but before July 31.

First Name \_\_\_\_\_ Mi \_\_\_\_ Last Name \_\_\_\_\_ S.S. # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Street, Box # \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Father's Work # \_\_\_\_\_ Mother's Work # \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Parent's Names \_\_\_\_\_  
Emergency Contact (not a parent) \_\_\_\_\_ Emergency phone # \_\_\_\_\_  
Sex \_\_\_\_ Age \_\_\_\_ Entering Grade \_\_\_\_\_  
Pastor's Name \_\_\_\_\_ Church Name and address \_\_\_\_\_

Parents: Should it be considered necessary by our medical staff, do you give your permission for our medical staff to give your child (please indicate by circling all that apply):

Advil	Aspirin	Tylenol	Benedryl	throat lozenges
Peptobismal	Anti-dirrheal	Loperamiade	decongestants	Cepacal

### Medical Release

In the event of an emergency, I give my permission for my child to be treated by an accredited physician in an approved emergency clinic or hospital. I therefore designate leadership of the group with the authority to act on my behalf and order appropriate treatment including but not limited to injections, anesthesia or surgery for my child. I accept responsibility for payment of all expenses incurred as a result of medical treatment. (Every effort will be made to contact the child's parents or legal guardian.) I further release from any liability Deerwander Bible Conference, First Presbyterian Church, and the adult leaders in the event of any accident during the activity of this camp.

Insurance information (company, plan #, group # etc.)

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Parent(s) signature \_\_\_\_\_ Date \_\_\_\_\_