



# 2019 Summer Day Camps at OFLC

**FREE one-day summer camps  
filled with faith and fun!**

*Please complete and submit this form to  
register@ourfatherschurch.org  
See you there!*

Child's Name (one form per child): \_\_\_\_\_

Which camp(s) are your child attending? Mark all that apply:

Music Camp: June 12       Cooking Camp: July 10       Art Camp: August 14

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering Fall 2019: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Please list any allergies/impairments/medical concerns staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY INFORMATION AND MEDICAL AUTHORIZATION

*Purpose of the following information: In the unlikely event that your child experiences a medical emergency, parents/guardians may authorize the provision of emergency treatment if a child should become ill or injured while under ministries' supervision, when parents/guardians cannot be reached.*

In the event reasonable attempts to contact me at the number above have been unsuccessful, I hereby give my consent for: (1) The administration of any medical treatment deemed necessary by my child's physician,

Dr. \_\_\_\_\_ at Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

or Dentist: \_\_\_\_\_ at Office: \_\_\_\_\_ Phone: \_\_\_\_\_

or, in the event my designated practitioner is unavailable, I consent to care provided by another licensed physician or dentist, and (2.) the transfer of my child to the nearest accessible hospital.

Medical history including allergies, medications being taken and/or any impairments or concerns staff should be aware of are listed above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_