

Health Information:

Please attach a copy of most recent physical exam and front and back copy of insurance or medical card.

Camper's Physician/Health Provider _____ Telephone

Insurance Company _____ Policy

Date of last physical exam ____/____/____

Are all Immunizations Current? Y ___ N ___ which, if any, are not?

_____ Date of most recent DPT/tetanus vaccine

Note: All medications brought to camp will be checked in with the camp health care provider during registration. ALL MEDICATIONS ARE REQUIRED TO BE IN ORIGINAL CONTAINER, WITH CURRENT PRESCRIPTION LABEL ATTACHED. If camper is taking the medication against the methods prescribed on the label, a signed note from the camper's physician or legal guardian will be required. Any over-the-counter medications will also be given to and verified by staff at registration.

Medications	Dosage	Time
_____	_____	_____
_____	_____	_____

Does the camper have any allergies (i.e., bee stings, food, medications)? _____ If "yes," explain _____

Does camper have a special diet (vegetarian, lactose intolerant)? _____

*A vegetarian option is available if needed. All other special foods must be brought from home.

History: (Please check and describe all that apply to your camper)

Frequent Ear Infections ___ Diabetes ___ Asthma ___ Heart Problems ___ Emotional Disorders ___

Behavior Problems ___ Seizures ___ Fainting Spells ___ Bed Wetting ___ Other ___

For Girls: Has the camper menstruated? ___ If not has she been told about it? ___ Is menstrual history normal? ___

Please provide information about any checked items: _____

Parental Statements, Permission & Signature:

Authorization for Treatment: I hereby give permission to the medical staff selected by Camp Mitchell to secure and administer treatment, including hospitalization for the person named above.

I will instruct my child to take responsibility for going to the Infirmary with the help of the Camp Mitchell staff at scheduled times if special medications are involved.

I realize that individuals at camp can injure themselves without fault on the part Camp Mitchell personnel.

I release Camp Mitchell, Camp Mitchell employees and directors and the Episcopal Diocese of Arkansas from responsibility for injury to my child.

I also understand that health and accident insurance protection is my responsibility.

I give permission for my child to engage in all prescribed camp activities, except as noted. I will make sure my child understands and agrees to abide by the restrictions noted on camp activities.

I give permission on behalf of my child for the use of the following for promotional purposes by Camp Mitchell: pictures and/or videos taken while at camp; quotations, and/or letters relating to their camp experience.

I recognize the importance of the rules set out by Camp Mitchell otherwise unstated herein. I will ensure that my child is aware of his/her responsibility to abide by these and all rules of camp and the potential repercussions, including expulsion, of not so doing.

By signing below, I agree to all statements above. I also agree that the information I present in this form is true and correct to the best of my knowledge.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____ Date _____

Camper's Signature _____ Date _____

Camp Mitchell Summer Camp Application – 2010

Please complete and send to:

Summer Camp Registrar The Episcopal Diocese of Arkansas P. O. Box 164668 Little Rock, AR 72216

Camper Information:

Last Name _____ First Name _____ M F

Address _____

City _____ State _____ Zip _____

Birth date ____/____/____ Age at Camp _____ Grade Completed by 6/15/09 _____

Parent/Guardian _____

Cell Phone _____ Day Phone _____ Evening Phone _____

Email Address _____

Religious Affiliation _____ Local Parish _____

Session you would like your child to attend _____

(Second choice if first is full) _____

T-Shirt Size:

Youth Sizes: S M L Adult Sizes: S M L XL XXL

Contact Information:

In an emergency, parent/guardian will be contacted first unless otherwise noted.

1. Other Contact: Name _____ Relationship to Camper _____

Cell Phone _____ Day Phone _____ Evening Phone _____

2. Other Contact: Name _____ Relationship to Camper _____

Cell Phone _____ Day Phone _____ Evening Phone _____

Concerns/Comments _____

Cabin Request: 1. _____ 2. _____ 3. _____

Camp Fees:

Paid between February 1st-May 1st: \$325 Paid After May 1st: \$350

Scholarships:

We encourage your local church to help fund your camping experience. If they are unable to help, Camp Mitchell does have limited scholarships available.