Vacation Bible School & Day Camp 2019

REGISTRATION FORM—COMPLETE ONE PER CHILD PLEASE (more available at church)

Our Savior's Lutheran Church is excited to offer exciting summer opportunities for youth this summer!

July 8-11 **Vacation Bible School** for kids who have already turned 3 through entering kindergarten in the fall of 2019. VBS meets at Our Savior's Lutheran Church, 1020 State Street, Spearfish

JULY 8-11 Day **Camp** — is for kids who have completed kindergarten — 5th grades in the 2018-2019 school year. Day Camp is limited to a maximum of 60 students; this will be on a "first come—first served" basis, so be sure to register early. OSLC will supplement a portion of the tuition charged by LO (Lutherans Outdoors) who will run the camps per child (scholarships available). **Families are responsible for \$25.00 registration fee.** DayCamp meets at the City Park in the North Shelter by the Tennis Courts. **Registration must be received by July 1**st for **DayCamp**

Please check:					
VBS for 3 yrs er	ntering Kindergarten (9:00 a.m.	– 12:00 p.m.) NO FEE.			
Day Camp (Comp	oleted Kindergarten -5th grade) .	July 8-11 (9:00 a.m. – 3:0	00 p.m.) COST \$25	.00 payable to OSLC	
CAMPERS TO BRI	NG: Water bottle, Sunscreen, W	/hite cotton T-shirt for tie	e-dying,		
Child Name				M F	
Address			Phone	Text: YES / NO	
Email address (regularly che	ecked)				
Child's Birth DateAge		Grade completed 2018-2019			
PLEASE COI	MPLETE THE HEALTH FOR	RM ON THE REVERS	SE OF THIS REC	GISTRATION	
and volunteers will no YESAuthorization of Treat In the event I cannot	permission to take part in all Da ot be held responsible and herk NO tment: be reached in an emergency an ry of such by available medical	by release them from an	y accidents that r	may occur".	
PARENT SIGNATURE:			DATE:		
AREAS YOU CAN HELP: (please circle)				
	VBS Games helper/lead ong helper/leader V		er VBS Story ecorate prior to V		
DAYCAMP:					
Hel	p prepare lunch for campers/co	unselors Day	y Camp Park Assis	tant	

Please contact BETH if you have any questions: oslcyouth@rushmore.com or 642-3715

Health History Form for Day Camp & VBS

Lutherans Outdoors in South Dakota - Outlaw Ranch

BRING THIS HEALTH FORM WITH YOU TO CAMP! To be filled in by parents / guardians of minors Day Camper or Preschooler Name Birthdate _____ Sex___ Age ___ Parent or Guardian _____ Night Phone (____)___ Home Address _____ State _____ Zip Code _____ Cell Phone _____ ______ Day Phone (_____)____ Second Parent, Guardian, or Emergency Contact ______ Phone (_____)____ State _____ Zip Code _____ Cell Phone ____ City _____ Approved Persons to pick up your child _____ _____ Phone _____ Name of family physician Preschool VBS STOP HERE: DAY CAMP ONLY Health History Recommendations and Restrictions while at camp: Give approximate dates: Any activity restrictions or treatment to be continued at Day Camp: ____ Frequent ear infections ____ Heart defect or disease MEDICATIONS CANNOT BE ADMINISTERED Convulsions ____ Diabetes Any medication to be administered at Day Camp: _____ (specific dosages):_____ _____ Bleeding/clotting disorder _____ Hypertension Medications must be turned in to the camp health care ___ Mononucleosis personnel upon arrival. Please send prescriptions in the Explain the following on back: _____ Psychiatric treatment original bottle with the doctor's directions on the label. _____ Operations _____ Serious Injuries Any over-the-counter medications NOT to be given to the camper while at camp: _____ Chronic / recurring illness Dietary restrictions: Diseases ____ Chicken pox VACCINE INFORMATION NEEDED FOR CAMP ONLY! <u>Vaccines</u>: <u>Date of Basic immunization</u>: _ Measles Booster: ____ German measles Tetanus: ____ Mumps DTAP MMR: Allergies (check only) Varicella ____ Hay fever Polio Hepatitis B: Ivy poisoning _ Insect stings Others: _____ Penicillin Description of any current mental or psychological conditions _____ Asthma requiring medication, treatment, or special restrictions or ____ Other (specify) considerations Any time health care outside of the camp community is needed, parents and guardians will be notified. If you wish to be notified in any other circumstances, please list here: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give permission to the camp health care personnel to provide routine health care and to administer medications brought to Day Camp as noted above and to the medical personnel selected by the host congregation to order X-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the host congregation to secure and administer treatment, including hospitalization, for my child as named above. I give permission for my child's photo to be used for publicity purposes. Signature of parent or guardian:_____