

Silver Spur Camp 2011 - Camper Application

(All 3 pages must be completed and returned by May 1st)
Get Information At Our Website www.beaconmbc.com

Ages: 9-18

Dates: June 13th through June 17th, 2011

Camper Information

Full Name _____ Birth Date _____

Address _____

Street City State Zip _____

School Grade in 2010-11 _____ Age (On 6/13/11) _____ Gender M__ or F __

Telephone Number: (____) _____ - _____ (Home)

Church Affiliation _____

Church Attending With (If different than above) _____

Parent/Guardian Information

Name _____ Relationship to Camper _____

Address _____

(If different than above) Street City State

Zip _____

Daytime Phone () _____ - _____ Evening Phone () _____ - _____

Person to Notify if the Above Cannot be Reached: _____

Address _____

Daytime Phone () _____ - _____ Evening Phone: () _____ - _____

Parents Signature _____ Dated _____

Guardian Signature _____ Dated _____

MUST BE SIGNED AND EVERY PAGE FILLED OUT!

Please send applications to:

Beacon Missionary Baptist Church

Attention: Camp Administrator

2170 Hartnell Ave.

Redding, Ca. 96002

Or fax to: 530-221-7849

Any questions please contact the Camp Director, Neil Cutright at neilanddebbie@msn.com

Campers Name _____ Age _____

Medical Release

Has this camper recently been under a Doctor's Care? _____

Please list any special concerns or needs that the camper may have. _____

Name of Insurance _____ Policy # _____

Consent Authorization

I, _____, am the _____ (Parent or Legal Guardian) having legal custody of _____, who was born on _____. I hereby authorize the Camp Nurse or Camp Director of the Beacon Missionary Baptist Church of Redding, Ca. (or their adult designee) into whose care I have entrusted the above named minor to consent to medical, dental, surgical, or hospital care, treatment or diagnosis for the same minor under section 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to any medical dental, surgical, or hospital diagnosis, treatment, or care to be rendered to or for the above named minor under the general or special supervision of a qualified physician, surgeon or dentist. I further authorize the Camp Nurse of Camp Director of the Beacon Missionary Baptist Church of Redding, CA. (or their adult designee) to receive physical custody of the above named minor under Section 1283 (a) of the California Health and Safety Code upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical custody of the above named minor to the same adult.

Parents Signature _____ Dated _____

Guardian Signature _____ Dated _____

PLEASE SIGN AND DATE BEFORE RETURNING

Campers Name _____ Age _____

Authorized Medicines

Will the camper be taking prescription medications at camp? Yes ___ No ___ If yes, complete the following.

Medicine Dosage Time(s) of day

1. _____
2. _____
3. _____

(All medications will be kept with the nurse and will be returned at the end of camp.)

List Any Health Problems, Medical Conditions or Handicaps the Camper may have (diabetic, allergies, etc.)

Non- Prescription Medications

To better serve the health needs of our campers, we have included a list of over the counter (non-prescription) medications that will be available should they need them. The medications listed below will be given according to the directions on the container and under the supervision of the Camp Nurse. Specify your authorization for each medicine listed to be given or withheld from the above named minor. Check the box next to acceptable meds.

- Extra strength Tylenol
- Regular Tylenol
- Ibuprophen
- Throat Lozenges
- Pepto Bismol
- Cough Syrup
- Benadryl
- Aspirin

If you wish the above named minor to have access to any other medication, you must send the medication along with a separate note authorizing the Camp Nurse permission to give the medication. The medications will be stored with nurse and returned at end of camp. The Camp Nurse will contact you if there are any other medication needs.

I, _____ (name) am the _____ (parent or legal guardian) of the above named minor. I authorize and grant permission to the Camp Nurse for the Beacon Missionary Baptist Church, of Redding, Ca. To dispense (or withhold) the medications and medicines as indicated above.

Parents Signature: _____ Dated: _____
Guardian Signature _____ Dated: _____

Note: Please complete this form along with the medical release form and return it by May 1st, 2011.
This form will NOT be accepted unless Application and Medical Release forms are completely filled out and signed by a parent or legal guardian!