



PORTAGE LAKE

BIBLE CAMP

2016 Buddies Camp
June 13-15
\$190

Basic Camper Information

Camper's Name _____ Age _____ Gender _____

Grade (Fall 2016, if applicable) _____ Birth Date ____/____/____

Roommate Request (only one please) _____

Cabin placement will be based on age and need

Shirt Size: **Kids** S M L **Adult** S M L XL 2XL

Parent/Guardian Contact

Name(s) _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Parent's Email _____

**In an emergency if unable to reach you, who should we contact?*

Emergency Contact Name _____

Relationship to Camper _____ Phone Number (____) _____ - _____

Camper Medical Information

Height _____ Weight _____

Camper's Physician _____ Phone (____) _____ - _____

Healthy Insurance Company _____ Policy # _____

Immunizations - Check if applicable

___ Polio _____ Diphtheria

___ Pertussis _____ Rubella

___ Measles _____ Chicken Pox

Date of last tetanus or tetanus booster _____

Other optional immunizations ___ flu shot ___ hepatitis A ___ hepatitis B

Medical History

Medical/Psychological Diagnosis or Disorders: (describe classification, degree, limitations and history)

Please check if applicable

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Feeds self | <input type="checkbox"/> Deaf | <input type="checkbox"/> Dresses self | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Glasses | <input type="checkbox"/> Showers self | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Wheel chair | <input type="checkbox"/> Toilet Trained | <input type="checkbox"/> Crutches | <input type="checkbox"/> Swims |
| <input type="checkbox"/> Braces for legs | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Prothesis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Dentures | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Soils | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Wets bed |
| <input type="checkbox"/> Brittle Bones | <input type="checkbox"/> Seizures | <input type="checkbox"/> Kidney disorder | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Needs help choosing clothes | | <input type="checkbox"/> Carries an Epipen | |
| <input type="checkbox"/> Frequent colds, sore throats, ear aches | | <input type="checkbox"/> Nervous disorder | |

Please use this space to explain any of the above information:

Communication

- | | | |
|--|---|--|
| <input type="checkbox"/> Speaks well | <input type="checkbox"/> Uses short phrases | <input type="checkbox"/> Single Words |
| <input type="checkbox"/> Non-verbal | <input type="checkbox"/> Uses gestures | <input type="checkbox"/> Difficult to understand |
| <input type="checkbox"/> Sign language | | |

Please use this space to explain any of the above information:

Fears the following

Showers Swimming Height
 Dark Crowds Loud noises

Others: _____

Please use this space to list (or explain) any of the above information:

Additional Medical Information

Any behavioral or emotional considerations (mood swings, uncooperativeness, homesickness, running away, outbursts, hitting, throwing things, etc.) _____

Has camper been treated for psychiatric disorders? If yes, please state diagnosis and present status: _____

Please check appropriate classification:

Severe Cognitive Impairment Mild Cognitive Impairment
 Moderate Cognitive Impairment Not mentally impaired

Allergies (food, medications, & environmental) Please include severity & special instructions:

Diet Restrictions: _____

Infectious diseases? If yes, list: _____

Camper's Medications, Treatments & Feedings:

Please attach a separate sheet of paper if more space is needed

1. Medication/Treatment/Feeding _____

Dosage _____ Route Medication is Given _____

Time Medication is Given _____

2. Medication/Treatment/Feeding _____

Dosage _____ Route Medication is Given _____

Time Medication is Given _____

3. Medication/Treatment/Feeding _____

Dosage _____ Route Medication is Given _____

Time Medication is Given _____

4. Medication/Treatment/Feeding _____

Dosage _____ Route Medication is Given _____

Time Medication is Given _____

Payment

Minimum \$50 deposit due with registration (non-refundable)

Payment Method: Check Visa MasterCard Discover Amex Amount \$ _____

Optional Prepay Items: \$10 DVD of Camp Week Amount \$ _____

Donation to Portage Lake Scholarship Fund Amount \$ _____

Credit Card # _____ Expiration Date _____

Signature _____ Date _____

Total enclosed \$ _____

AGREEMENT(PARENT/GUARDIAN SIGNATURE REQUIRED)

In case of an emergency and/or non-emergency, if I cannot be contacted, I hereby give my permission to the physician(s) selected by the Portage Lake Covenant Bible Camp staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, and surgery for my child.

I understand that every effort will be made to protect and safeguard all campers. I agree not to hold Portage Lake Covenant Bible Camp liable for any illness or mishap from any cause whatsoever. I also give Portage Lake Covenant Bible Camp full authority in dealing with problems of discipline. I understand that my camper disregarding Camp rules is subject to being sent home with no refund of camp fees. Any camper who willfully destroys property will be held responsible and be charged accordingly. Portage Lake Covenant Bible Camp may use any comments, photos, etc of the camper in its promotional materials.

Signature of Parent/Guardian_____ Date_____

Mail deposit and completed form to:

Portage Lake Bible Camp
4158 Camp Delight Rd.
Onkama, MI 49675



PORTAGE LAKE
BIBLE CAMP

4158 Camp Delight Rd.
Onkama, MI 49675
231.889.5911
portagelake.org