



Camper Application Form

(Revised April 2016)

Instructions: Fill out one form per child. Camp Viola is unable to accept any child at camp without a completed application, to include current medical information, to include current medical information, medical treatment authorization and authorization signature that your child’s image can be used in associated Camp Viola literature (please see Photograph/Media paragraph below for explanation). Because of the importance of this information we can only serve the children whose parent(s) fully complete this application.

Personal Information

Child’s Name: _____ **Date of Birth:** _____ **Age:** _____

Address: _____
(Street/P.O. Box) (County) (City) (State) (Zip Code)

Gender: Male/Female **T-Shirt Size (Circle One):** Sm Med Lg XL XXL

School Attending: _____

Father’s/Legal Guardian’s Name: _____

Father’s Place of Employment: _____

Father’s Telephone Number: Daytime _____ Evening _____

Mother’s/Legal Guardian’s Name: _____

Mother’s Place of Employment: _____

Mother’s Telephone Number: Daytime _____ Evening _____

Child’s Race (Circle One): Caucasian Asian African American Hispanic Korean Other

Medical Information

Family Physician: _____ **Telephone Number:** _____

Date of last Tetanus/Texoid Booster: _____

Allergies to Foods, Medications, or Insects: _____

List any activity restrictions: _____

Any special medications or pertinent history of medical problems? If so, please list below.

Special information about your child or special requests of staff:

Past medical treatment of surgeries we should be aware of:

Your child's current medications, prescribed or over-the-counter:

Any unusual behaviors or habits by your child that would assist us in understanding what they may need while at Camp Viola?

Medical Authorization

Please read the following information carefully.

I, the parent/legal guardian of the above named minor child, do consent on his/her behalf to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed by the State Board of Medical Examiners on the medical staff at Wellstar/West Georgia Medical Center in LaGrange, Georgia whether such diagnosis or treatment is rendered at the office of said physician at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required, but is given to provide specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable in the event of an emergency.

It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Children found with lice will not be allowed into Camp.

This authorization shall remain in effect while this child is in attendance at Camp Viola, Mountville, GA.

The following is a list of over-the-counter medications that may be given to your child, if necessary. By signing this form you are giving your consent for us to administer these medications.

**Swimmer's Ear
Ibuprofen**

**Rid
Visine**

**Tylenol
Immodium**

**Mylanta
Cortizone**

**Benedryl
Bug Repellant**

Authorization

Parent's/Legal Guardian's Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Sponsoring Church: _____

Church Representative:
