



**Faith in Christ Lutheran Church**  
**DAY CAMP      June 24 - June 28, 2024**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ **Completed** Grade \_\_\_\_\_ Church: \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\*\* In case of an emergency, please contact \_\_\_\_\_

at \_\_\_\_\_ (relationship to child: \_\_\_\_\_)

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**Medical Release**

Health problems/Allergies \_\_\_\_\_

Special Needs/Restrictions \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone # \_\_\_\_\_

Medical consent:

In the event of illness or accident, if the parent or guardian cannot be reached, I authorize Faith in Christ Church, or its agents, to consent to any diagnosis, examination, treatment, or hospital care for my child which is deemed advisable by, and is rendered under the supervision of a physician. I release the church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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Day camp is granted permission to take pictures of my child during the camp to use for the DVD show, bulletin boards & other church publications, including the church's web page and the church's Facebook page.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

The following person(s) may pick up my child after Day Camp: \_\_\_\_\_

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\* If this above list changes during camp, please write a note sharing the changed information with Faith in Christ. Your child's safety is important. Thank you.

Do NOT release my child to: \_\_\_\_\_