

Rockin' Robins

Health form and Permission slip

Full name of child _____ Grade _____ Gender: M F

_____ My child has come to AOTE Programs before and our information has not changed.

(You do not have to fill out the rest of the information but you must still sign the permission slip.)

Address _____

City _____ State _____ Zip _____ Teacher _____

Full name of parent(s)/guardian(s) _____

Address (If different than above) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

In case of an emergency, please notify _____

Phone _____ Relation to child _____

Second emergency contact _____

Phone _____ Relation to child _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes n No

If so, indicate carrier or plan name _____ Group _____

Carrier Address _____

Name of Insured _____

Social Security No. of policy holder or Insurance ID no. _____

Health History

Please list all known allergies of child _____

Please list any dietary restrictions of child _____

In order for you child to participate in Rockin' Robins they must be up-to-date on all shots and immunizations. Please make sure this is taken care of before he/she is enrolled.

Date of last tetanus shot _____

Name of Family Physician _____ Phone _____

Please check all that apply:

- ☐ Child wears glasses or protective eyewear
- ☐ Child has asthma
- ☐ Child has diabetes
- ☐ Child has problems with knees, ankles or other joints
- ☐ Child is very susceptible to poison oak, poison ivy, poison sumac
- ☐ Child takes a daily medication (please list all medications on the lines below)

- ☐ Child has a heart murmur
- ☐ Other

Please explain any checked boxes in more detail on the lines below: _____

____ Friday May 4

____ Friday May 11

____ Friday May 18

1 sessions \$15.00

2 sessions \$30.00

3 sessions \$40.00

Total _____

All pick-ups will be at Stambaugh Elementary right after school and drop-offs will be at 5:30 at Windsor Center or the FORMER WIC middle school parking lot.

Please enclose cash or check made out to Covenant Point Bible Camp with this registration form by April 27.

Please Note: There is no refund for cancellations after the registration deadline. If your child is not going to attend please call Covenant Point as soon as possible to let us know.

I give my permission for my child _____ to participate in Rockin' Robins program within the above restrictions (if any). The above health history is correct and complete as far as I know. I hereby give permission to the camp to provide routine health care, dispense any prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to release any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. I also give my permission for any photos or videos of the child named above to be used in Covenant Point's promotional materials.

Signature of Parent/Guardian _____ Date _____

Send to:

**Covenant Point
358 W. Hagerman Lake Rd.
Iron River, MI 49935**