



St. Stephens Lutheran School
 2304 Springs Road
 Hickory NC 28601
 828 256-2166

Plan A	_____
Plan B	_____

St. Stephens Lutheran School 1st-6th Summer Camp Registration

*Registration fee of \$50.00 due at time of registration. In the case of closure due to Covid-19, there will be no refunds given.

Child's Personal Information

Last Name			First Name			Middle Name		
Birth Date (M/D/Y)				Age				
Address								
Doctor's Name			Doctor's Phone			Does your child have an Allergy? (If YES, please specify) Yes or No?		
Dentist's Name			Dentist's Phone					
Is your child taking any medications? Yes or No? (If YES, please specify)								
Insurance Carrier					Policy Number			

Parent/Guardian Information

Mother's Full Name								
Street Name & Number						City		
Home Phone			Cell Phone			Work Number		
Father's Full Name								
Street Name & Number						City		Zip
Home Phone			Cell Phone			Work Number		

Emergency Contacts and Information (In case you cannot be reached)

Primary Emergency Contact's Name			Home Phone		Cell Phone		Work Number	
Secondary Emergency Contact's Name			Home Phone		Cell Phone		Work Number	

I give permission for my child _____ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital.

Please Choose one: Frye _____ or Catawba Memorial _____

I understand that every effort will be made to contact me in the event that such an emergency takes place.

Signature of Parent/Guardian _____

Date _____



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Liability Release

I, the undersigned parent or legal guardian, release SSLS, or any other person acting on their behalf, from liability for any bodily injury sustained and loss or damage of any personal articles while on the premises or participating in any activity sponsored by SSLS. I also permit SSLS to seek medical treatment as deemed appropriate through EMS/911 and or local hospitals.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Field Trip & Transportation Permission

I hereby give permission for my child to be picked up from camp location in a school bus and transported to the field trip location and returned to the camp location.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

MEDICATION ADMINISTRATION PERMISSION & RECORD

Information about the child and the medicine
(Completed by parent/guardian)

Child's Name			Child's Date of Birth	
Medicine	Time	Date	Dosage	Route
Expiration Date:				
Special Instruction:				
Possible Reactions:				
Prescribing provider:			Phone:	
Pharmacy:			Phone:	
I give authorization to give medicine and to call the health care provider if needed. Parent/Guardian signature				Date
RETURNED to Parent/Guardian	Date	Parent/Guardian signature	Child Care Staff signature	
DISPOSED of Medicine	Date	Child Care Staff signature	Witness signature	

Medication Log
(Completed by child care provider)

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual time given	AM ____ PM ____	AM ____ PM ____	AM ____ PM ____	AM ____ PM ____	AM ____ PM ____
Dosage/Amount					
Route					
Facility staff's Signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual time given	AM ____ PM ____	AM ____ PM ____	AM ____ PM ____	AM ____ PM ____	AM ____ PM ____
Dosage/Amount					
Route					
Facility staff's Signature					