

Name of Church camper is coming with: \_\_\_\_\_

Name of Camp \_\_\_\_\_ Date of Camp \_\_\_\_\_

**Latham Springs Baptist Camp Registration Form**  
**134 P.R. 223 Aquilla, Texam 766222 254-694-3689**

Medical Treatment Authorization – Texas Health Department Requirement

Camper Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security # \* \_\_\_\_\_

(\*required by Texas Dept. of Health; only time it is used is if the camper goes to Doctor, kept confidential)

Camper Age \_\_\_\_\_ Last grade completed \_\_\_\_\_ Boy  Girl

Are you a Christian? \_\_\_\_\_ Church member? \_\_\_\_\_ Church \_\_\_\_\_

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

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager/Cell \_\_\_\_\_

Other person to notify in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of Tetanus Shot \_\_\_\_\_ Is Camper allergic to tetanus booster? \_\_\_\_\_

Date of O.P.V. \_\_\_\_\_ Date of M.M.R. \_\_\_\_\_

PHYSICAL OR EMOTIONAL DISORDERS: Epilepsy: \_\_\_\_\_ yes \_\_\_\_\_ no

Attention Deficit Disorder: \_\_\_\_\_ yes \_\_\_\_\_ no Other: \_\_\_\_\_

**HAS CAMPER HAD:** (circle answer)

Appendix removed?      yes    no      Chicken pox?      yes    no

Heart trouble?      yes    no      Asthma?      yes    no

Fainting spells?      yes    no      Convulsions?      yes    no

Diabetes?      yes    no      High blood pressure?      yes    no

Allergies to food or other medicine      yes    no      Specify

Any other allergies or conditions      yes    no      Specify

**Medications:** Campers are not allowed to bring non-prescription medication for self-administration. All prescription and non-prescription medication must be checked in with camp leadership. Prescriptions must be in original bottle (Texas Dept. of Health requirement). Please send a list of, and instructions about, the medications to be given.

**Camper Statement:** I agree to obey all rules (rules having to do with safety and Christian behavior) and regulations of Latham Springs Baptist Camp, and will cooperate with leaders and fellow campers and with the camp staff at Latham Springs.

**Camper's Signature** \_\_\_\_\_

**Family Authorization:** In consideration for your agreeing to accept the above-named individual as a camper, I / we hereby assume all risk in connection with participation in the above-named Christian camp. I / We authorize medical and surgical treatment for my child as may be needed in the judgment of the treating physician (physician chosen by Latham Springs management). I / We understand twenty-four-hour first aid care is available on the campgrounds, and I authorize transportation of my child at their discretion in case of emergency. I / We further understand that only limited secondary accident coverage (\$2,500 maximum) is provided.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_