



- LE CanoeA 6-9 Grade - Peace River, July 5-9
- LE CanoeB 7-10 Grade - Peace River, July 26-30
- LE Spiritual Survival - July 19-24

NAME _____ PHONE _____ SEX M F
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 BIRTHDATE _____ GRADE ENTERING NEXT YEAR _____
 EMERGENCY PHONE NUMBERS _____
 FAMILY PHYSICIAN _____ PHONE _____

IS CHILD CURRENTLY ON MEDICATION? _____ YES _____ NO

TYPE _____ DOSAGE _____
 TYPE _____ DOSAGE _____

LIST ALL MEDICATIONS BRINGING TO CAMP:

ALLERGIC REACTIONS: BEE STING _____
 (If known to be life threatening, we require written instructions from child's doctor and appropriate medication.)
 PENICILLIN _____ OTHER _____

CAMPER HAS HAD THESE MAJOR HEALTH PROBLEMS:

HEART DISEASE : YES ___ NO ___ ASTHMA: YES ___ NO ___ DIABETES: YES ___ NO ___ OTHER: YES ___ NO ___

DATE of last TETANUS Booster IS REQUIRED: DATE OF LAST SHOT: MONTH _____ DAY _____ YEAR _____

LIST ANY SPECIAL HANDICAPS:

I give my permission for _____ to participate in Lake Aurora's Life Expedition Program listed above. I recognize that there are certain inherent risks involved in transportation to and participation in this program. I give my permission for the use of photograph/videos including my child to be used in future camp and Survival by the Word© publicity. In the event of a medical emergency I give my permission for a health care professional to do what is necessary for the health of my child. I have reviewed this form and certify that all appropriate medical information is included.

Signature of parent or guardian: _____

Acknowledged before me this _____ day of _____, 2020

 (Signature of Notary Public - State of Florida)

 (Print, type, or stamp commissioned name of Notary Public)

 (Commission Expires)

Personally known _____ OR Produced identification _____

Type of identification produced _____