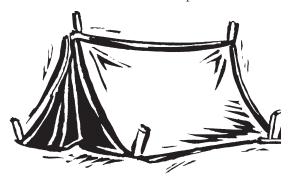
Lake Aurora Christian Camp

## 2023 Life Expedition Camps Health & Permission Form



LE Voice in the Wilderness June 4-8
LE Smoky Mtn Back Pack June 18-23
LE Canoe 7-9 Grade - Peace River, June 25-29
LE Spiritual Survival - July 9-14
LE Canoe 8-10 Grade - Peace River, July 23-27

NAME	PHONE		SEX M F
ADDRESS			
CITYGRA	STATE	ZIP	
IRTHDATEGRA	ADE ENTERING NEXT YEAR _		
EMERGENCY PHONE NUMBERS AMILY PHYSICIAN	DUONE		
AMILY PHYSICIAN	PHONE		
S CHILD CURRENTLY ON MEDICATION?	YES	NO	
offine condition of the profile of t	120	1,0	
TYPE	DOSAGE		
YPE	_DOSAGE		
IST ALL MEDICATIONS BRINGING TO CA	AMP:		
ALLERGIC REACTIONS: BEE STING If known to be life threatening, we require writte PENICILLIN	n instructions from child's doctor and OTHER_	appropriate medication	on.)
CAMPER HAS HAD THESE MAJOR HEALTH	H PROBLEMS:		
HEART DISEASE : YES NO ASTF	HMA: YES NO DIABETES:	YES NO OTI	HER:YES NO
I give my permission forabove. I recognize that there are certain inhere my permission for the use of photograph/vide publicity. In the event of a medical emergency the health of my child. I have reviewed this for	os including my child to be used in fu I give my permission for a health care	ture camp and Surviva professional to do w	al by the Word© hat is necessary for
Signature of parent or guardian:			
Acknowledged before me this da	ay of, 2023		
(Signature o	of Notary Public - State of Florida)		
(Print, type,	, or stamp commissioned name of No	tary Public)	
Personally knownOR Produced i	on Expires) dentification		
Type of identification produced			