



- LE Voice in the Wilderness June 16-20
- LE N FL Springs June 23-28
- LE Canoe 7-9 Grade - Peace River, July 7-11
- LE Spiritual Survival - July 14-19
- LE Canoe 8-10 Grade - Peace River, July 28-Aug 2

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 \_\_\_\_\_, 2024

\_\_\_\_\_  
 (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 \_\_\_\_\_