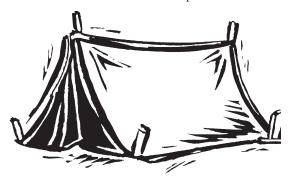
Lake Aurora Christian Camp

## 2024 Life Expedition Camps Health & Permission Form



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		
PPPPGG			
ADDRESS CITYGR BIRTHDATEGR	STATE	ZIP	
GRITHDATEGR	LADE ENTERING NEXT YEAR		
EMERGENCY PHONE NUMBERS FAMILY PHYSICIAN	DITONI	7	
AMILY PHYSICIAN	PHONE	<u> </u>	
S CHILD CURRENTLY ON MEDICATION?	YES	NO	
ГҮРЕ	DOSAGE		
TYPE TYPE	DOSAGE		
LIST ALL MEDICATIONS BRINGING TO C	EAMP:		
ALLERGIC REACTIONS: BEE STING If known to be life threatening, we require writte PENICILLIN	en instructions from child's doctor an OTHER	d appropriate medication	on.)
CAMPER HAS HAD THESE MAJOR HEALT			
HEART DISEASE : YESNO AST	TIMA, VEC NO DIADETES	VEC NO OTI	TED.VEC NO
TEART DISEASE. TESNO AST	TIMA. TESNO DIADETES	.1E3NO O11	TER. 1 E5NO_
I give my permission forabove. I recognize that there are certain inher my permission for the use of photograph/vid publicity. In the event of a medical emergency the health of my child. I have reviewed this for	ent risks involved in transportation to eos including my child to be used in f I give my permission for a health car	and participation in the uture camp and Surviva e professional to do w	is program. I give al by the Word© hat is necessary for
Signature of parent or guardian:			
Acknowledged before me this			
(Signature	of Notary Public - State of Florida)		
(Print, type	e, or stamp commissioned name of N	otary Public)	
	on Expires) identification		
Type of identification produced			

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