

CAMPER REGISTRATION FORM

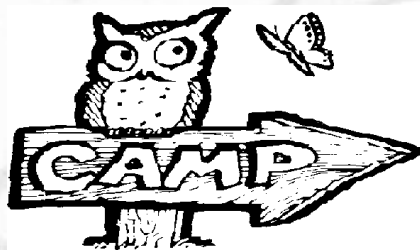
Ages 7 to 11

What you will need:

- Sleeping bag/sheets/pillow
- Clothes you can get dirty
- Swimsuit (girls one piece please)
- Soap/Shampoo/Toiletries
- Towels/Washcloths
- Flashlight
- Jacket
- Sneakers/Tennis Shoes
(Sandals and flip flops can be dangerous)
- Any necessary prescription/ medications
- Water Bottle

What you will NOT need:

- * Jewelry
- * Fireworks
- * Knives
- * Money
- * MP3/CD/IPods, Etc...
- * Anything you don't want stolen, lost or destroyed



Camp Penuel
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CAMP PENUEL



Who are we?

Camp Penuel started in 1973 offering free Christian camping to kids ages 7 to 11. WE are an interdenominational camp and work with various Churches, Ministries, and Organizations.

Where are we?

Camp Penuel is located on Lake Killarney in Ironton, MO, which is roughly 90 miles south of St. Louis, MO. We also have campuses in Eldred, PA and one in Esparza, Costa Rica.

Why we do what we do?

Our mission is to offer kids, who may not otherwise be able to, attend a free summer camp.

How do we do what we do?

Penuel exists because of charitable donations from individuals, churches and organizations.

What can you expect?

Various recreational activities, swimming, hiking, crafts, and boating to name a few.

What we expect?

Campers to enjoy our activities in a safe environment working cooperatively with counselors, staff and other campers.

Name: _____

Health/Medical Info:

- 1. Does the camper have any allergies? Yes No
- 2. Is the camper subject to bed wetting? Yes No
- 3. Is the camper subject to sleep walking? Yes No
- 4. Are there any foods the camper should not eat? Yes No
- 5. Does the camper have asthma? Yes No
- 6. Does the camper have any allergies? Yes No
- 7. Does the camper require an epi-pen? Yes No

If any of the above are "Yes", please detail each answer. _____

8. Date of last tetanus shot? _____

9. Family Doctor: _____ Phone: _____

10. Insurance policy # _____ Group #- Member # _____

Insurance contact # (attach copy of card) _____

11. List medications, if any, your child will have at camp. All medications are kept in the nurse's office and distributed per doctor's orders. (Use back if necessary)

Med: _____ Dosage/Frequency _____

Med: _____ Dosage/Frequency _____

Med: _____ Dosage/Frequency _____

12. During a typical week at camp, it may be necessary to issue first aid and OTC meds. Some are listed below, if there are any specific medications, please list them.

- | | | |
|-------------------|-----------------|------------------|
| Hydrogen Peroxide | Calamine Lotion | Cough Drops |
| Mylanta | Pepto-Bismol | Rubbing Alcohol |
| Eye drops | Tylenol | Excedrin |
| Vaseline | Aloe Vera | Ammonia Inhalant |

Other: _____

(If Child takes meds please fill out the medications form for the nurse)

Parent/Guardian Release:

By signing this form, I am giving permission for the listed camper to attend Camp Penuel. I verify the above information is correct. I waive and release Camp Penuel and its agents from any and all claims, demands, injuries, cost, suits or causes of action, past, present, or future, arising out of or caused by myself or my child while participating in this camp, or should there be an injury traveling to or from camp. I grant permission for Camp Penuel and its agents to administer or arrange for emergency medical treatment in the event of accident, injury, or illness. I also give permission for myself or my child to be pictured or videotaped and my likeness to possibly be used in any of Camp Penuel's promotional materials.

Signature of Parent/Legal Guardian

Date