



2018 Registration

Physical Address:

50 CR 1207
Maud, TX 75567
903-585-3435*

* - Camp number, please use for emergencies only

Mailing Address:

PO Box 465
Mt. Vernon, TX 75457
903-537-4129

*Please consider registering online at www.CampIda.com;
additional information and rules can be found there as well.*

Instructions: Fill out, print, sign, and mail one form for each child attending to the mailing address above. If your child plans to attend more than one session, you need to fill out a different form for each session. Please be sure to include payment and signed medical release form with the registration page. Registration will not be complete until all materials are received. A **\$25 late registration fee** will be added to registrations not received two weeks before the session you are registering for. Early registration is important in planning for t-shirts, food, and cabin assignments.

Registering for Session:

- First Session - June 3-8 – Director: Allen Chance
- Second Session - June 10-15 – Director: Ross Haffner
- Third Session - June 17-22 – Director: Jon McCormack
- Fourth Session - June 24-29 – Director: JJ Hendrix; Leadership Session
- Fifth Session - July 1-6 – Director: Bryan Braswell

Camper's Info:

Name: _____ Address: _____
Date of Birth: _____ Age: _____ City: _____ State: _____ Zip: _____
Gender: _____ Grade Completed: _____ Phone: _____
Shirt Size: _____ Email: _____
(Youth S, M, L; Adult S, M, L, XL, XXL, XXXL)

Primary Parent/Guardian:

Name: _____ Address: _____
Email: _____ City: _____ State: _____ Zip: _____
Cell/Primary Phone: _____ Secondary Phone: _____

Check if same as child address

Secondary Parent/Guardian:

Name: _____ Address: _____
Email: _____ City: _____ State: _____ Zip: _____
Cell/Primary Phone: _____ Secondary Phone: _____

Check if same as child address

By signing below, I understand camp registrations are due two weeks before the camp session starts to avoid a \$25 late fee. I am enclosing payment of \$120 for the first child and \$100 for each additional child of the same household. I also understand space is limited and sessions are capped at 45 girls and 45 boys. Overflows are not permitted and applicants will be notified if the requested session is full.

Signature of Parent/Guardian

Date

Review Camp Ida rules and dress code at CampIda.com and contact us at 903-537-4129 with any questions.



2018 Medical Release Form

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Child's Name: _____ Date of Birth: _____ Gender: _____

Parent/Guardian Name and Contact: _____

In case of emergency and parents cannot be reached, please contact the following:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

All medications must be turned in to the camp nurse upon arrival and kept in ORIGINAL containers (prescription and non-prescription).

List ALL prescription and non-prescription medications and dosages for your child below and indicate if this medication will be given while the child is at camp (attach additional page with child's name if necessary):

List any known Drug/Food/Seasonal Allergies:

List any and all medical conditions that could affect the care we or any medical personnel may give your child, such as seizures, diabetes, heart conditions, fainting, asthma, mental illness etc.

Date of last Tetanus Shot: _____

We highly recommend campers be current on their tetanus and other vaccinations. It is also helpful if copies of vaccination records are sent with registration forms or brought on the day of registration.

Child's Doctor's Name: _____

Child's Doctor's Number: _____

Please complete page 2 →



2018 Medical Release Form

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Child's Name: _____ Date of Birth: _____

Indicate which medications your child is allowed to receive or not allowed to receive from the health center. Meds that you check yes to will be given on an as needed basis only for the possible symptoms listed below.

| Medication: | Allowed? |
|---|-----------------|
| Acetaminophen (Tylenol): Used for the relief of fever as well as aches and pains associated with many conditions. | |
| Antidiarrheal (Maalox): Relieves symptoms of excessive stomach acidity in patients with indigestion, heartburn, gastroesophageal reflux disease, or stomach or duodenal ulcers. | |
| Bismuth Subsalicylate (Pepto-Bismol products): Used to treat diarrhea and minor stomach problems, such as stomach inflammation. | |
| Calamine Lotion: Used as an antipruritic (anti-itching agent) to treat mild pruritic conditions such as sunburn, eczema, rashes, poison ivy, chickenpox, insect bites and stings. | |
| Chlorpheniramine Maleate (Robitussin Cough & Allergy Syrup): Temporary relief of sneezing, itchy, watery eyes, itchy nose or throat, and runny nose caused by hay fever (allergic rhinitis), or other respiratory allergies. | |
| Cough Drops (Generic): Used to ease coughing or soothe a sore throat. | |
| Diphenhydramine (Benadryl): Used for treating allergic reactions. | |
| Dramamine / Bonine: Used to treat motion sickness. | |
| Guaifenesin (Mucinex products; Robitussin Cough & Cold CF Liquid): Used for the treatment of cough associated with colds and minor upper respiratory tract infections. | |
| Ibuprofen (Advil): Used to treat headaches, muscle aches, backaches, dental pain, menstrual cramps, arthritis, or athletic injuries. Also used to reduce fever and to relieve minor aches and pain due to the common cold or flu. | |
| Loratadine (Claritin products): Provides relief of seasonal allergy symptoms such as watery eyes, runny nose (rhinitis), itching eyes, and sneezing. It is also used for hives. | |
| Mylanta / Tums: Used to treat upset stomachs. | |
| Poison Ivy Treatment (Ivy-Dry): Used to treat itching, skin rash, oozing, or other irritation caused by insect bites or by coming into contact with poison ivy, poison oak, or poison sumac. | |
| Pseudoephedrine Hydrochloride (Advil Cold & Sinus products): Temporarily relieve symptoms of the common cold, sinusitis (swelling and pain in the sinuses), and flu, including stuffy nose, fever, headache, and body aches and pains. | |
| Tolnaftate (Tinactin): Used to treat skin infections such as athlete's foot, jock itch, and ringworm infections. Also used, along with other antifungals, to treat infections of the nails, scalp, palms, and soles of the feet. | |
| Use of therapeutic oils (Young Living Essential Grade Oils) Some sessions have nurses or individuals who use therapeutic oils; please indicate if you wish for them to be used as deemed appropriate on your child. | |

I hereby give Camp Ida permission to take my child to any hospital facility or outside doctor when deemed necessary.

Furthermore, I hereby give permission to such hospital or outside doctor to authorize x-rays and emergency treatment if deemed necessary. I understand that all medical bills for service rendered by anyone other than the camp's medical staff are my responsibility. I authorize the release of any medical information or records related to treatment, referral, billing or insurance purposes related to my child. A copy of this document may be accepted in lieu of the original. I have read the Medical Permission Statement above and understand its terms and accept its conditions.

Parent's Signature: _____ **Date:** _____