

CAMP JOSIAH

TRI-STATE CHRISTIAN CAMPS, INC.
P.O. Box 3113, 137 Route 209
Port Jervis , NY 12771
Phone: 914-850-1601 Fax: 845-858-2524
Phone: 845-858-2524
Email: Tscamp2@gmail.com
Website: www.tscamps.org

Last Name _____
First Name _____
Date of Birth _____

Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Sex: _____ Age: _____ Grade: _____

Parent/Guardian

Day Phone

EMERGENCY CONTACTS:

Name

Day Phone #

Evening Phone #

Name

Day Phone #

Evening Phone #

Please Note:

- **Promotion:** Camp may use comments and or pictures on above named camper.
- **Discipline:** I give Tri-State Christian Camps Inc. authority in matters of discipline agreeing that (1) Any camper disregarding camp rules is subject to being sent home at campers expense, (2) Any camper willfully destroying property will be charged accordingly.

I herby assume all risk of personal injury, sickness, death, or damage of a result in participation at Tri-State Christian Camps Inc. I assume responsibility for any and all medical bills incurred during this camper's stay at camp. I herby grant permission for the child named above to participate fully in said camp.

Date

Signature

Camper Health Examination Form
This side to be completed by parent or guardian
Reverse side must be completed by Doctor

Tri-State Christian Camps Inc

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PH: 914-850-1601 EM: tscamp2@gmail.com

Dear Parent/Guardian,

The New York State Department of Health has a law which states that a camp must refuse to accept a child to its camping program if the health form and the immunization records are not completed. Please make sure the **ENTIRE** form and the Immunization section are completely filled out.

Name _____
Last First MI

Birthdate _____ Age _____ Sex _____

Parent/Guardian _____

Daytime Phone # (____) _____ Evening Phone # (____) _____

Home Address _____
Street Address City State Zip

Business Address _____
Street Address City State Zip

If not available in an emergency, notify: (Please use someone other than Parent/Guardian)

Name _____ Phone _____ Relationship _____

Do you carry family medical/hospital insurance _____ YES _____ NO If so, indicate carrier _____

The local hospital requires that you attach a copy of your insurance card (front and back)

Policy or Group Number _____ Social Security Number _____

Operations/Serious Injuries (Dates) _____

Current Medications (**Send in ORIGINAL container WITH INSTRUCTIONS**) _____

To My knowledge the camper has _____ has not _____ been exposed to a contagious or infectious disease in the past three weeks. IF he/she has, please explain with date exposed _____

This health history is correct so far as I know, and the person described has permission to engage in all camp activities except as noted _____

Authorization of treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for my child. In the event that I cannot be reaching in an emergency, I hereby give permission to the physician selected by the camp Health Director to secure and administer treatment, including hospitalization, for the person names above. I further give Tri-State Christian Camp permission to give my child their medication as prescribed on the medication label. **I UNDERSTAND THAT THE TRI-STATE CHRISTIAN CAMPS, INC. AND IT'S STAFF ARE IN NO WAY RESPONSIBLE TO PAY ANY MEDICAL/HOSPITAL BILLS FOR MY CHILD/FOSTER CHILD, I WILL ASSUME FULL RESPONSIBILITY FOR THE SAME.**

Signature of Parent/Guardian _____ Date _____

Immunization History:

Please record the date (month and Year) of basic immunizations and most recent booster doses

Vaccines	Month/Year
Diphtheria	1.
Pertussis-Whooping cough	2.
Tetnus (DPT) or	3.
Tetnus Diphtheria (DT) or	
Tetnus	
Oral Polio (sabin) TOPV	1. 2. 3.
Measles (hard measles, red measles, Rubeola	
Mumps	
Rubella (German Measles)	
Other	
Tuberculin test given Most recent	
Harmophilus Influenza b	
Hepatitis B	

Health History:

X _____ Give Approximate Date
 _____ Frequent Ear Infections _____
 _____ Heart Defect/Disease _____
 _____ Convulsions _____
 _____ Diabetes _____
 _____ Bleeding/Clotting Disorders _____
 _____ Hypertension _____
 _____ Mononucleosis _____

Diseases

_____ Chicken Pox _____
 _____ Measles _____
 _____ German Measles _____
 _____ Mumps _____

Allergies (date not needed)

_____ Hay Fever _____
 _____ Poison Ivy _____
 _____ Insect Stings _____
 _____ Penicillin _____
 _____ OtherDrugs _____

 _____ Asthma _____
 _____ Food _____

 _____ Other(specify) _____

Health Care Reccomendations by Licensed Physician
 Date Examined _____ Height _____

Weight _____ Blood Pressure _____

The Applicant is under the care of a Physician for the following conditions: _____

Current Treatment (Include current medications) _____

Any reported loss of consciousness, convulsion, or concussion _____

Reccomendations and Restrictions while at camp _____

Any Medically prescribed meal plan or dietary restrictions _____

Activities to be encouraged or limited _____

Any Additional Health Information for Camp Nurse _____

Licensed Physicians Signature _____ Date _____

Address _____ Phone _____

*By _____
 initial if completed by nurse or physician's assistant

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MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends camp for seven (7) or more nights.

Check on box and sign below ----

- My child has had the meningococcal meningitis immunization (Menomune) within the past 10 years.

Date Received _____

Note: The vaccine's protection lasts for approximately 3-5 years. Revaccination may be considered within 3-5yrs.

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will NOT obtain the immunization against meningococcal meningitis disease.

Signature _____ Date _____
Parent or Guardian

Camper's name _____ Birthdate _____

Mailing Address _____

City _____ State _____ Zip code _____

Telephone number _____

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Off Camp Release Form

Dear Camper and Parent/Guardian,

This summer we hope to teach and learn together. We are planning to have a lot of fun, and some of this fun is going to be off camp grounds. The purpose of this form is to have permission for your child/our prospective camper to be able to attend these trips off camp. Rest assured that any and all activities held off camp grounds are very well supervised.

If you have any questions, please call the camp office at the above phone number. We would be more than happy to help by answering any questions you may have.

I hereby grant permission for the child named below to participate fully in all out of camp trips. I hereby assume all risk of personal injury, sickness, death or damage as a result of participation in this program.

Camper Name: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

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Film Release Form

I hereby grant permission for the child names below to participate fully in the production of a short film. Tri-State Christian Camps, Inc. reserves the right to use the child's likeness, name and talent in this production. Tri-State Christian Camps, Inc. will distribute this film only to the participants and staff involved in its creation. This film will not be used for public viewing. I hereby assume all risk of personal injury, sickness, death or damage as a result of participation in this production.

Camper Name: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

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What do I Bring to camp with me?

Clothing

- Shorts
- Pajamas
- Underwear
- Towel (for swimming)
- Shirts (long and short sleeve)
- Pants (at least one pair of long pants)
- Modest Swimming wear (girls-one piece)
- Shoes/Socks (at least one pair of sneakers)
- A nice outfit (for the end of session banquet)
- Warm clothes for evenings (sweatshirt, light jacket, etc)

Personal Care

- Soap
- Towels
- Shampoo
- Hairbrush
- Deodorant
- Toothbrush
- Toothpaste
- Washcloths
- Laundry Bag

Please NO ELECTRONICS
Any electronic brought by a camper,
>including cell phones<
will be held by camp staff until end of
camp session

Miscellaneous

- Pillow
- BIBLE
- Notebook
- Flashlight
- Pen/Pencil
- Sleeping Bag (or sheets and a blanket)
- Suntan lotion (preferably lotion or gel)
- Insect Repellent (preferably lotion or gel)

