



CAMPOREE 2018 - CHOOSE JESUS

August 12-17, 2019

Oshkosh, Wisconsin, United States

REGISTRATION REQUIREMENTS

All attendees must be at least 9 years old. By submitting this form with payment the attendee agrees to abide by the general guidelines of church conduct. Return this form properly filled out by May 15, 2019 to the Quebec Conference Pathfinder Department, attention: Denise Nadeau, 940 ch Chambly Longueuil, QC, J4H 3M3; email: dnadeau@sdaqc.org through the Quebec Conference website.

PERSONAL CONTACT INFORMATION

Name: _____
Address: _____
Telephone: (_____) _____ E-mail: _____
Date of birth: _____ Age as of August 1, 2019: _____
 Boy Girl Man Woman Club Leader/Assistant Meals: Vegetarian Vegan
Adventist Church Attending _____
Name of Parent or Guardian(s) _____
Secondary Contact: _____ Relationship to attendee: _____
Home Phone #: (_____) _____ Daytime/Cell Phone #: (_____) _____

HEALTH RECORD AND MEDICAL INFORMATION

Physician: _____ Office phone #: (_____) _____
Health Card #: _____ Expiring Date: _____
Special Needs: _____
Date of last tetanus shot: _____ Date of polio immunization booster: _____

HISTORY

- Sore Throats
- Sinusitis
- Bronchitis
- Asthma
- Bed wetting
- Convulsions
- Kidney trouble
- Sleepwalking
- Heart trouble
- Diabetes
- Fainting
- Stomach upset
- Special Diet
- Hemophiliac

ALLERGIES

- Drugs
- Foods
- Antidote:** Benadryl Anakit
- Epikit Other
- Nurse administered Self care
- Other: _____
- Plants
- Bee/Insect Stings
- Animals

MEDICATIONS

Are you currently taking medication?
 Yes No Explain: _____
Drug Name: _____
Dosage: _____
Time: _____
Permission to administer:
 Tylenol Plain Aspirin Nil

Attendees will adhere to the standards of the Seventh-day Adventist Church in their conduct, dress, language and entertainment while traveling to/from and during the Camporee. In support of a healthy, drug-free lifestyle attendees will not partake of any alcoholic drinks, tobacco or any illegal drugs. I understand attendees may be photographed and videotaped and release all rights for publication and advertising. I am in favour of the aforementioned applicant attending the Camporee and participating in all activities unless prior arrangements are made.

As legal guardian, I accept the conditions stated, including release of the Seventh-day Adventist Church in Canada and it's conferences management from liability in case of accident or illness. In case of emergency I give permission to the nurse/adult leader selected by the camp to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. If the applicant's medical information changes after submission of the application please notify the Quebec Conference Pathfinder Department at atheodore@sdaqc.org.

Signature of Attendee: _____ Date: _____
(Day-month-year)

Signature of Parent: _____ Date: _____
(If under 18 years of age) (Day-month-year)