

DIETARY RESTRICTIONS – other than food allergies indicated on the allergy profile. _____

If camper has extensive allergies and/or restrictions, please send supplies and supplements with them.

MEDICATIONS:

All medications including all “over the counter” medications (e.g. Tylenol, anti-histamines, lactaid, etc) must be given to our medical attendant at drop off time. Medications must be in their original containers labeled with camper’s name, name of drug, dosage and any other necessary information.

Name of Drug: _____

Dosage _____

Reason Prescribed _____

Administration times _____

In the event of a minor medical occurrence, I give my approval for common “over the counter” preparations to be provided at the discretion of the Camp Leaders. I also authorize the Camp Leaders to seek all necessary medical attention in the event that the emergency contact person cannot be reached. I further release VCF Kids’ Camp and its personnel from all claims and damages arising from any accidents or injuries occurring while my child is at camp.

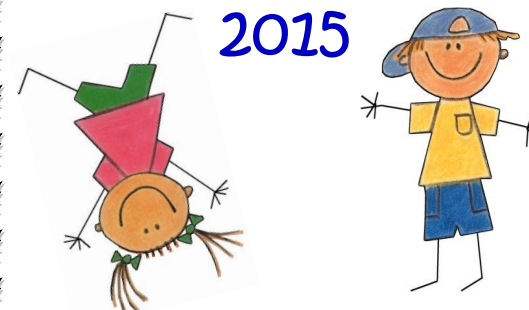
Signature of Parent/guardian: _____

Date: _____



KiD's Camp

2015



Animal Planet



July 12 -16th

2015

AgEs 7-12



Vernon Christian Fellowship KIDS' CAMP

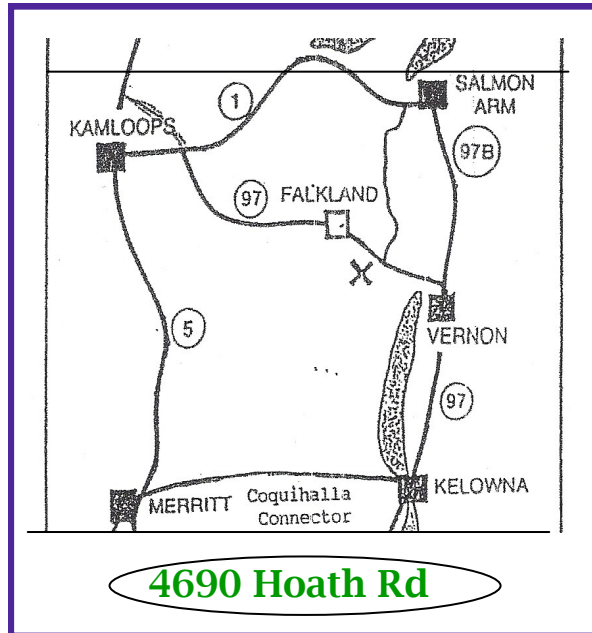
**COST: \$125.00 for one child
\$100.00 for 2nd child / \$75.00 for 3rd child**

WHAT TO BRING

- Sleeping bag, pillow, pajamas
- Swim suit, towels
- Toiletries (toothbrush etc.)
- Bible, pencil, notebook
- Clothing for 4 days
- Jacket, runners, sandals

WHAT NOT TO BRING

cell phones, audio devices,
electronic games



CAMP REGISTRATION July 12 - 16, 2015 (7 - 12 Years)

Camper Name: _____
Age: _____
Birth Date: d ____ m ____ y ____
Address: _____

COST: \$125.00 for 1 child
\$100.00 for second child - \$75 for third

T-Shirt Size _____
In case of Emergency contact:
Parent/guardian: _____
Phone: H _____ W _____
If parent/guardian unavailable _____
Phone: _____
Family Doctor: _____
Phone: _____
Care Card Number _____

Should a medical emergency arise involving your child, you will be notified immediately by a leader of VCF Kids' Camp.

ALLERGY PROFILE

The camper has:
 no known allergies known allergies

Allergies or other medical conditions:

Reaction: (please specify) _____

Treatment/medication required _____

CAMP IS AT FAITH MISSION RETREAT CENTRE

4690 Hoath Rd Falkland BC
See map

Please drop your kids off at the
camp Sunday July 12th at 4:30pm

Please pick your children up
at Faith Mission Retreat Centre
Thursday, July 16th at 11:00am

Registration & payment must be in by
Thurs. July 2nd

For information contact:

Church office: 250-545-2927
Aaron French: 250-938-5324
Office address:
4507 29th St Vernon

Extra brochures available at vcfvernon.ca

