



# Glacier Camp - Summer Vacation Bible Day Camp Health Form

Camper's Name: \_\_\_\_\_  
 Parent/Guadian Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Name of Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Does Camper have medical/hospital insurance? Y N, Insurance Carrier: \_\_\_\_\_  
 Group# \_\_\_\_\_ Policy # \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Immunizations: Please give date of last booster:  
 DPT: \_\_\_\_\_ MMR: \_\_\_\_\_ TD(Tetanus): \_\_\_\_\_ Polio: \_\_\_\_\_ Hepatitis B \_\_\_\_\_  
 Influenza B \_\_\_\_\_ Covid \_\_\_\_\_

Name **ALL** allergies, health concerns and physical restrictions and food allergies:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Medication:

**ALL** medication must be turned in upon check-in. Please clearly mark all over the counter medication with the camper's name and instructions. All prescription medication must have original prescribing information and must be prescribed to the camper. In addition to regular medication please include emergency treatments that your child may need such as an EpiPen or Glucagon etc.

	Medication	Dose	Time	Quantity of meds brought	Reason for taking
1					
2					
3					
4					
5					

**Restrictions and other information:** Please provide any other information or restrictions that would be necessary or helpful for our staff to know about your child.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Authorizations:

**Accuracy of information:** This health history is correct and complete as far as I know, and the person herein described has permission to engage in all activities except as noted.

**Administration of medication:** I understand that all medications (prescription and nonprescription), with full instructions for taking, brought by my child to camp will be turned over to and stored by Glacier Camp Staff along with this form. I hereby agree to waive any cause of action against the Camp, director, staff, sponsors, or any employee of Glacier Camp for illness, injury or death of my child arising from is or her failure to take said medication as properly prescribed by his/her physician. I have explained the proper method of taking medication to him/her and he/she understands and agrees to take the medication as prescribed.

**Emergency Authorization:** I hereby give permission to the medical personnel selected by the event director to order x-rays, routine tests and treatment for my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the event director to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child as named above. This completed form may be photocopied for use by the camp.

**Covenant agreement:** I have discussed appropriate behavior with my child and the importance of following the rules for Glacier Camp. I agree that should my child break any rules established by Glacier Camp and it be deemed necessary by the event director to send my child home early, I will pay the transportation costs.

\_\_\_\_\_  
Participant's Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date



# Ecumenical Vacation Bible Day Camp

June 17 – 21, 2024

## Glacier Presbyterian Camp

For children entering 1<sup>st</sup> – 6<sup>th</sup> grade (Fall 2024)

Register Now – Space is limited to 40 children

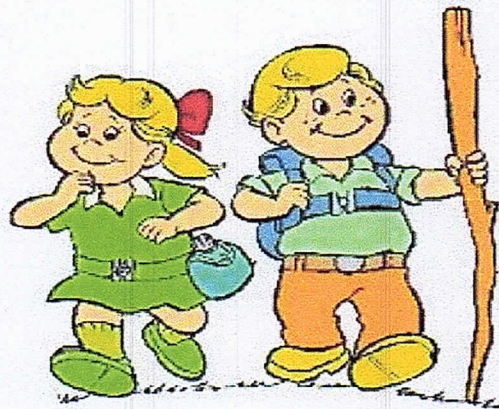
**\$75 per child – Camperships Available!**

Cooperative Games  
Arts & Crafts  
Swimming  
Wrapped Lunch &  
Snacks provided

**Bible Theme**

**‘Transform, don’t  
Conform’**

**Romans 12:2a**



Join  
the  
Fun!

*Forms and detailed information are available at any of the churches listed below or  
you may contact Carolyn Heinz 406-250-8731 or  
Marilyn Trosper (please leave a message 406-249-3938)*

*Ecumenical Vacation Bible Day Camp is sponsored by Good Shepherd Lutheran  
Church (883-5864), Polson Presbyterian Church (883-5807) and Dayton  
Community Presbyterian Church*



# 2024 Vacation Bible Day Camp

## Please Read Carefully!

Dear Parents,

We are pleased to offer **Vacation Bible Day Camp on June 17 – 21, 2024 at Glacier Presbyterian Camp** this summer!

### **Required Forms:**

Enclosed you will find the 2024 Vacation Bible Day Camp Flyer with lots of important information. Please read the FAQ section carefully. The following forms need to be completed and returned with your payment by June 7<sup>th</sup>.

- 2024 Vacation Bible Day Camp Registration
  - *If a Campership is needed, please follow the instructions on the registration form.*
- Glacier Presbyterian Camp forms entitled:
  - Day Camp Registration & Medical Form (*Please include all known allergies*)
  - Participant Agreement and Acknowledgement of Risk

### **Sign-in Requirements:**

- Campers will need to arrive between 8 and 8:20 each morning. The bus plans to head for camp at **8:30!** If your child has special needs, please arrive early!
- Camper needs to be signed in by a parent or guardian – If you are not the person who will be picking up your child in the afternoon, the alternate name needs to be communicated by you at the sign-in
- Your child must not exhibit any kind of illness

### **Health & Medication:**

- All unexpired medication needs to be packaged in a sealed Ziploc bag with your child's name clearly noted
  - At daily check in, medication will be handed to the designated VBDC contact by a parent and returned to the parent in the same manner in the afternoon
- Campers may not be responsible for their own medication
- To report an illness, please contact Carolyn Heinz @ 406-250-8731 or Marilyn Trosper @ 406-249-3938

### **Backpacks:** (*Bring each day*)

- Your child should bring a labeled backpack with their name clearly marked on the following items:
  - Sweatshirt
  - Swim wear, Towel, and Sunscreen
  - Bottle of water

### **Food:**

- Individually wrapped sack lunches and snacks will be provided by the VBDC team (*please do not send personal snacks*)
- If your child has serious food allergies, you are welcome to provide their sack lunch

**Questions:** Call the VBDC Co-Chairs at the phone numbers provided above

**We are looking forward to a wonderful time for our campers this year!**

# Registration Form Ecumenical Vacation Bible Day Camp

**@ Glacier Presbyterian Camp  
June 17- 21, 2024 / 8:00 a.m. – 4:30 p.m.**

**Child's Name:** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text: Yes or No

Mailing Address: \_\_\_\_\_

Grade in School (Fall 2024) Age \_\_\_\_\_, Boy \_\_\_\_\_, Girl \_\_\_\_\_



**Circle T-Shirt  
Size Below**

Youth	Adult
S (6-8)	S
M (10-12)	M
L (14-16)	L
XL (18-20)	XL

**Please hand-deliver, email, or mail all documents to any of these sites:**

**Good Shepherd Lutheran Church**  
409 4<sup>th</sup> Avenue East, Polson, MT 59860  
406-883-5864  
9-2 Tuesday, Thursday, & Friday  
[gslcpolsonmt@gmail.com](mailto:gslcpolsonmt@gmail.com)

**First Presbyterian Church**  
302 4<sup>th</sup> Avenue East, Polson MT 59860  
406-883-5807  
9-12 Monday – Thursday  
[polsonpres@gmail.com](mailto:polsonpres@gmail.com)

**For questions regarding camp, contact:**  
Carolyn Heinz, 406-250-8731 (leave msg.)

**Dayton Community Presbyterian**  
**Attn: Cynthia Waterman**  
PO Box 188, Dayton, MT 59914-5419  
[drcjwaterman@earthlink.net](mailto:drcjwaterman@earthlink.net)

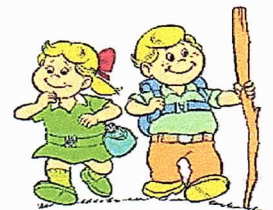
**The 2024 Vacation Bible Day Camp fee includes bus transportation, lunch, snacks & beverages, arts & crafts, games, and Bible studies led by well-trained, caring counselors. Please do not send personal snacks or art supplies with your child.**

**\$75.00 – Camp Fee**

\_\_\_\_ I have attached a check payable to  
**Glacier Presbyterian Camp**  
\_\_\_\_ I have selected the T-Shirt size

I can provide \$\_\_\_\_\_ and request  
Campership financial assistance.

\_\_\_\_ I have attached a check payable to  
**Glacier Presbyterian Camp**  
\_\_\_\_ I have selected the T-Shirt size



If you would like to have a **Campership Application for financial assistance**, the form can be downloaded from the Polson Presbyterian Church website at <https://polsonpresbyterian.org>

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**Office Use Only:** Date registration received \_\_\_\_\_

Amount received: Check \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_

Campership Approval : Yes / No Amount \$ \_\_\_\_\_