



550 Lobdell Ave. Baton Rouge, LA 70806

Phone: 225-927-2273

Fax: 225-928-8448

e-mail: esachse@cancerservices.org

2009 Camp Care Registration

July 20 – July 24, 2009

9:00 A.M. – 4:00 P.M. Daily

Note: Eligible campers are children, **ages 5-13**, who are currently in active cancer treatment and those who are up to three years post-active treatment. Siblings or campers, **ages 5-13**, will be enrolled on a space available basis. (A registration form is required for each child).

PLEASE PRINT ALL INFORMATION CLEARLY

Camper's Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Birth date _____ Age _____ Female ___ Male ___

E-Mail Address: _____

Parent or Guardian: _____ Daytime Phone: _____

1st Emergency Contact: _____

Relationship: _____ *Daytime Phone:* _____

2nd Emergency Contact: _____

Relationship: _____ *Daytime Phone:* _____

Allergies: _____

Camper's T-Shirt Size (Circle Size): **Youth** Small Medium Large

Adult Small Medium Large

My child has my permission to attend Camp Care, participate in all activities and field trips, and appear in photographs and on TV for publicity purposes. In the event that I or emergency contact cannot be reached, I give my permission to hospitalize and secure proper treatment for my child.

Signature of Parent or Guardian _____ Date _____

Printed Name: _____

MEDICAL FORM CAMP CARE 2009
****THIS FORM IS REQUIRED FOR ALL CAMPERS****
(PLEASE PRINT ALL INFORMATION)

CAMPER'S NAME: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S TELEPHONE: _____

DIAGNOSIS (IF APPLICABLE): _____

DATE TREATMENT COMPLETED (IF APPLICABLE): _____

ALLERGIES (Drugs, insects, other, etc.) _____

MEDICATIONS AND DOSAGES CHILD IS CURRENTLY TAKING: _____

DOES YOUR CHILD KNOW HOW TO SWIM? ___ YES ___ NO

PHYSICAL LIMITATIONS: _____

MY CHILD HAS A: ___ PORT ___ HICKMAN LINE

OTHER CONCERNS THE NURSE SHOULD BE AWARE OF: _____

