

IMPACT 2010 Application

I am a: camper sponsor teacher I am attending: Impact Junior Impact Senior

Payment Information: Payment to be received by IMPACT from group leader
(Your payment should be given to your group leader)

Camper Name: _____ Parent's Name _____

Gender: Male Female Age: _____ Grade: _____ (for '09/'10)

Address: _____

City: _____ State: _____ Zip: _____

Parents contact numbers: 1) (____) _____ 2) (____) _____ 3) (____) _____

Tee Shirt Adult Size: S M L XL XXL XXXL

Church Group you are coming with: _____

Group leader/Youth Minister Name: _____ Cell phone# _____

Medical Insurance Information

Name of insurance company _____ Policy Number _____

Insurance Company Address _____ Phone # (____) _____

Mother's Employer _____ Work Phone # (____) _____

Father's Employer _____ Work Phone # (____) _____

Please check the medications permitted to be given to _____ (child's name)

Decongestant (ex. Dristan)	_____	Ibuprofen	_____
Hydrocortisone cream	_____	Antacid (ex. Tums)	_____
Cough Syrup	_____	Throat/cough lozenge	_____
Acetaminophen (ex. Tylenol)	_____	Neosporin	_____
Benadryl	_____	Orajel	_____
Mucinex/Robitussin	_____	NONE of the above	_____

In order to serve your child better please inform us of any conditions which are pertinent to the care and maintenance of his/her health. List any allergies or medications taken regularly.

(Continued on back)