

WHAT TO BRING..... TO KIDS FEST

- **Medical Form**
- **Bible**
- **Sleeping Bag or Twin Size Sheets and Blanket**
- **Pillow**
- **Flashlight**
- **Bug repellent**
- **Personal Items (deodorant, toothbrush and toothpaste, comb, etc.)**
- **Casual Clothing (t-shirts and jeans, etc.)**
- **Towel & Washcloth**
- **Camera (Optional)**
- **Spending Money—Concession**



Kids Fest begins Friday at 6:30 pm—Supper is on your own. Service will begin at 7:30 pm with a Pizza Bash following the service. Saturday begins with breakfast at 8:30 am with activities at 9:30 am, Service at 10:00 am. Lunch at 12:00 noon and inflatables & other activities from noon to 3 pm.

ALLERGIES (check all that apply, be specific)

TYPE:

REACTION NOTED

- Animals
- Food
- Insect Bites/stings
- Plants
- Pollen
- Medications
- Other

Over the counter medications that may be given by camp nurse (check all that apply)

- | | |
|---------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Advil |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Lomotol |
| <input type="checkbox"/> Pepcid | <input type="checkbox"/> Claritin |
| <input type="checkbox"/> Tums | <input type="checkbox"/> Pepto-Bismol |
| <input type="checkbox"/> Immodium | <input type="checkbox"/> Cough Syrup |
| <input type="checkbox"/> Nasal decongestant | <input type="checkbox"/> Nasal Spray |

CURRENT MEDICATIONS:

Is the medication in the child's possession? Yes No

Child wears: glasses Contacts Dental application Other(explain)

Are there any other pertinent facts to which a physician should be alerted?

PARENT/GUARDIAN STATEMENT: I authorize the adult in charge to consent to any medical treatment deemed necessary by the appropriate licensed physician or dentist or medical personnel of the hospital that serves the Georgia District Council when I cannot be contacted. I understand that every effort will be made to contact me before such action is taken. I assume financial responsibility for emergency care if such care is not covered by the churches insurance.

DATE: _____

(Signature of parent or guardian)

Home Phone# _____

Cell# _____

Alternate contact info if parent/guardian cannot be reached _____