



2019 Worksheet

Enter this information into the electronic form.

This is not a registration form.

Stake Attending with _____

Date attending camp _____

Name: _____ Birth Date: ____/____/____ Age by Camp: ____ Shirt Size: ____
Month Day Year Adult Sizes: XS S M L XL XXL

Bunkmate: (Select only one. Bunkmates are optional and not required.)

- 1st Year Beehive
- 1st year at Brighton
- 2nd Year Beehive
- 2nd year at Brighton

Lives with: Mother Father Both Other _____ Religion: LDS Other _____
 Language primarily spoken if not English _____ *This is an LDS camp and LDS doctrine is taught.*

Camper's Home Address: _____

Camper's Home Ward: _____ Home Stake: _____

1st Contact & relation: _____ Cell Phone: _____
 1st Contact's Email: _____

2nd Contact & relation: _____ Cell Phone: _____
 2nd Contact's Email: _____

3rd Contact & relation: _____ Cell Phone: _____
In the event of a medical emergency, the persons listed above will be the 1st, 2nd and 3rd emergency contacts, in the order written.

FOOD ALLERGIES & DIETARY CONCERNS:
 We can accommodate dairy free, nut free, and gluten free needs.

Celiac/Gluten Intolerant Nut allergy
 Lactose Intolerant
 Other _____

MEDICAL Allergies & Other reactions: (medications, latex, insects, hayfever....swelling throat, hives, itching, etc.)

Mental health:

ADHD Panic attacks
 Depression Autism Spectrum
 Anxiety
 Other _____

Medical General:

Asthma Seizures
 Uses Inhaler Diabetes
 Has Epi-pen Migraines
 Physical limitations
 Other _____

HEIGHT: _____ WEIGHT: _____

INSURANCE INFORMATION:

Do you have health insurance? yes no
**Campers are not required to have health insurance to attend Brighton Camp*

Insurance Company: _____

Group # / ID #: _____

Name of Policy Holder: _____

PRESCRIPTION MEDICATIONS: please include epi-pens and inhalers

Please list any meds that will be needed at camp from home. All prescription meds must be in the original container with dosage instructions clearly legible. Prescriptions will be stored in a locked area away from other campers. A medication refrigerator is available if needed.

OTC MEDICATION Permission at Brighton:

Counselors carry over the counter medications at camp such as Tylenol, ibuprofen, antacid, decongestant, antihistamine.

- I consent to all over-the-counter medications
- I DO NOT consent to ANY over-the-counter medications.