



St. John's Lutheran Church, Walhalla

Lutheroad Day Camp



Held at St. John's At Biggerstaff Retreat Center (Seneca)

June 22-26, 2026

Monday - Thursday, 9 am – 4 pm and Friday, 9am - 12pm

For Children completing Kindergarten thru 5th grade.

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____

City/State/Zip: _____ Grade Completed: _____

Parent(s) Name(s): _____

Email(s): _____

Phone Number(s): _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Is there anything camp staff should know to help your child have the best week possible at camp?

Health Insurance: _____

Policy Holder: _____ Policy#: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Parent/Guardian Signature: _____

Cost: \$175 per child (Early Bird cost is \$150).

Scholarships are available. Deadline for registration June 1.

Early Bird Registration Deadline is May 1.

Discount available for more than one child in the same family.

Make checks payable to St. John's with "Lutheroad Day Camp" on the memo line.

Check here if scholarship funds are needed ___ (We will follow up with you.)

St. John's Lutheran Church, 301 W. Main St, Walhalla SC - 864-638-6363

DAY CAMP HEALTH HISTORY FORM CONTINUED

Full Name of Camper _____
Last First MI (Circle or write name called)

Describe any current physical, mental or psychological health conditions requiring medication, treatment, or special restrictions or considerations while at camp:

Activities from which the camper should be exempted for health or other reasons:

Does camper know how to swim? Yes No Somewhat

Allergies: Please list any allergies (food, medicine, insect stings, etc.):

Asthma: Severe Moderate Mild Triggers? _____

Nutritional/dietary restrictions: _____

Diabetic? Yes No **Vegetarian?** Yes No

Camper Medications: _____

A first-aid kit will be present at all times. It contains the following medications: Tylenol, Motrin, Cold Medication and Antacids/Antidiarrheals. **May your child receive these medications if needed?**

Yes No Comments: _____

IF YOUR CHILD NEEDS TO BRING ANY MEDICATION TO BE TAKEN DURING DAY CAMP HOURS PLEASE FILL OUT THE INFORMATION BELOW. All medications (including aspirin, vitamins) must be checked in with the local coordinator upon arrival.

I give my permission for the Local Coordinator or designated church volunteer to keep and administer the following medications:

Name of Med. _____ Dosage _____ How often _____

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Any special information concerning this medication?

Signed _____ Date _____
Parent or Guardian Name

Medical Release and Authorization For Treatment

This day camp is a partnership between Lutheridge and the local congregation listed above. The undersigned, as parent/legal guardian of the camper, authorizes Lutheridge and the local congregation, its delegated leaders, directors, and medical personnel they have selected to consent to any medical/ hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. Day Camp leaders will endeavor, but are not required, to communicate with me prior to treatment. The undersigned releases Lutheridge and the local congregation, and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off site.

Printed Name _____ Signature _____

2026 PHOTOGRAPH PERMISSION

- I give permission for my child's image to be used in either print, electronic, or video form for the promotional purpose of our ministries in St. John's Lutheran Church publications, social media (Facebook), or website.

**Signature of Custodial Parent or Guardian Required*

DATE: _____