

**DATES of Immunizations: MUST BE COMPLETED TO REGISTER YOUR CAMPER.**

Camper Name \_\_\_\_\_ Camp Dates \_\_\_\_\_

Last Polio Booster \_\_\_\_\_ Last MMR \_\_\_\_\_

Last Diphtheria/Tetanus \_\_\_\_\_ Hepatitis B \_\_\_\_\_  
1<sup>st</sup> Dose                      2<sup>nd</sup> Dose                      3<sup>rd</sup> Dose

I, \_\_\_\_\_, hereby grant permission to administer medical treatment, including, but not limited to, insulin adjustments as needed.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

**Must be signed by parent/guardian or camper CANNOT attend the summer camp.**

Camper must be accompanied by a parent/guardian to meet with the physician during camp registration. It is important for our physician to review your camper's current insulin schedule. If this is not possible, arrangements must be made with the Gales Creek Camp Medical Committee one week prior to camp. To make special arrangements contact the foundation office at 503-968-2267. Camp office is closed on Saturday.

Please complete and mail this application early to assure space at camp. Applications will be processed as soon as the \$ 75.00 deposit has been received unless prior arrangements are made.

Partial campership's are available to families who can demonstrate a financial need for assistance: Please call the administration office for a campership financial aid form. Copies of your 2005 tax return will need to be submitted with your campership application.

You will receive a second mailing confirming your registration and additional information about Gales Creek Camp along with most frequently asked questions and what to bring to camp about 3 weeks before the start of your selected camp session.