



**Delaware Burn Camp  
PO Box 682  
Dover, DE 19903  
Registration Form  
Complete and mail by June 1st**

Camper Full Name \_\_\_\_\_ Age \_\_\_\_\_

Nickname \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent/Guardian Contact numbers during camp week:

Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Another Emergency Contact Name \_\_\_\_\_

Phone number \_\_\_\_\_

Medical Insurance Information:

Name of Insurance Agency \_\_\_\_\_

Policy number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Reaction \_\_\_\_\_

Medication camper is taking, dosage, times, and reason

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any dietary restriction?    Yes    No

If yes, explain \_\_\_\_\_

\_\_\_\_\_  
Any physical restrictions?    Yes    No

If yes, explain \_\_\_\_\_

Is camper able to swim?    Yes    No

Immunizations up to date?    Yes    No    Date of last Tetanus shot \_\_\_\_/ \_\_\_\_/ \_\_\_\_

Burn History: Date of injury \_\_\_\_\_

Type of burn \_\_\_\_\_

Percent of body burned \_\_\_\_\_

Where treated \_\_\_\_\_

Any other information that the camp nurse/counselor/volunteer should know? Please indicate any special needs your child may have i.e. dressing, mobility, assistance with personal hygiene, etc.

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**Children should be continent of bowel and bladder. We understand an occasional accident, but the staff cannot be responsible for laundering soiled clothing.**

Signature of person supplying this information \_\_\_\_\_

Printed name of person supplying this information \_\_\_\_\_

Please note: All the information you provide will be kept confidential unless permission is granted otherwise.