

**CAMP COUNSELOR QUESTIONNAIRE**  
**LAKE SPRINGFIELD CHRISTIAN ASSEMBLY**  
1674 Lick Creek Lane Chatham, IL 62629

Instructions:

This questionnaire MUST BE FILLED OUT COMPLETELY prior to you serving as a counselor at Lake Springfield Christian Assembly. Please sign the bottom of the form. If you are under 18 years of age, you must have the medical release on the back of this page signed by a parent or guardian.

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

Age Range: Under 18    18 – 25    Over 25                      Soc. Sec.# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHURCH \_\_\_\_\_ How long a member? \_\_\_\_\_

Are you an immersed believer in Christ? \_\_\_\_\_ List any church activities or ministries you've been involved in the past year.

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

**SESSION(S) WORKING At LSCA**

**RECRUITED BY?**


**Have you at any time ever:**

Been arrested for any reason?	Yes	No
Been convicted of, or pleaded no contest to, any crime?	Yes	No
Engaged in, or been accused of, any act of child molestation or abuse?	Yes	No

**Are you aware of:**

Having any traits or tendencies that could pose any threat to children, youth, or others?	Yes	No
Any reason why you should not work with children, youth, or others?	Yes	No

**If you have never served as a counselor at LSCA before please list two references below:**

Name	Phone No.	What Connection to you?

Please read and sign below:

"The above information is true to the best of my knowledge. I understand and agree that, to the extent permitted by the Illinois law, Lake Springfield Christian Assembly may secure criminal history information about me. I am a committed Christian, and I will do my best to conduct myself in a manner as to cause no question to the name of Christ or to the ministry of Lake Springfield Christian Assembly."

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

# Counselor Medical Questionnaire & Consent Form

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

\_\_\_\_\_ Ext. \_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Ext. \_\_\_\_

Sex M / F

Age \_\_\_\_

Grade \_\_\_\_

Immersed Y / N

\_\_\_\_\_ Ext. \_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Ext. \_\_\_\_

## Parent/Guardian Information

Signature Required on back

Father's Name \_\_\_\_\_ Wk # ( \_\_\_\_ )

Mother's Name \_\_\_\_\_ Wk # ( \_\_\_\_ )

## 2<sup>nd</sup> Household (If Applicable)

Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Wk # ( \_\_\_\_ )

Mother's Name \_\_\_\_\_ Wk # ( \_\_\_\_ )

\_\_\_\_\_ Church I Attend \_\_\_\_\_

## MEDICAL HISTORY AND CONSENT CARD

### MEDICAL HISTORY INFORMATION

My child has...

Epilepsy

Asthma

Diabetes

\_\_\_\_\_

is allergic to ...

Penicillin

Bees

Food listed

\_\_\_\_\_

Other special needs my child has (attach a note if needed/list additional allergies)

\_\_\_\_\_

My Child may receive if needed

Tylenol

Advil

Caladryl

Last Tetanus \_\_\_\_/\_\_\_\_

Tums

Triple Antibiotic

Ointment

Benadryl or Benadryl Cream

I understand I am responsible to give First Aid staff any medications the camper must take, in original containers with proper dosage clearly marked.

My Health Insurance Co. Name \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_

Phone # ( \_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone # ( \_\_\_\_ ) \_\_\_\_\_

Camper's Physician Name \_\_\_\_\_

Phone # ( \_\_\_\_ ) \_\_\_\_\_

Camper's Dentist Name \_\_\_\_\_

Phone # ( \_\_\_\_ ) \_\_\_\_\_

### **IN CASE OF EMERGENCY: (Parent/Guardian: Please read the following carefully, Signature required.)**

- I hereby give permission to the physician selected by the Camp Management to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named on this card in case of an emergency. I understand, however that every effort will be made to contact me in case of such an emergency and, if possible, before any such medical treatment is administered.
- I hereby give permission for my child to take part in the recreational and swimming program, and agree to be bound by all camp policies in force.
- I realize camp insurance is secondary to my personal insurance after the first \$500.
- I hereby release the Camp from any responsibility other than normal supervision and care. In case of an accident, I will not hold Lake Springfield Christian Assembly or its staff members, management or officers liable unless guilty of negligence.
- I hereby state that I have accurately completed my child's "Medical History Information".

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I Do Not give permission for any photos taken of my child during the camp session to be used in promotional literature or for website purposes.