

DREAM CAMPER Registration Form
This form MUST be completed in its entirety

Camper Name: _____ DOB: __/__/__ Age: _____ Male / Female

Address: _____ City: _____ Zip: _____

Contact Person/Parent/Guardian during camp: _____

Cell Phone Number: _____ Alternative Phone Number: _____

Who Referred You To Dream Camp ? _____

Agency they represent (if applicable): _____

Please sign if you give permission for camper to be photographed / video recorded:

Signature of Parent/Guardian/Referral Source Date

Transportation Needed ? YES NO

Please Circle Camp Choice / Pick-Up Location:

Camp 1: June 20-23, 2025

Pick-Up Location select one Or _____ no transportation needed
__Colby __ Garden City __Dodge City __Larned Great Bend Russell __ Hays

Camp 2: June 24-27, 2025

Pick-Up Location select one Or _____ no transportation needed
Wichita Hutchinson Newton McPherson Salina Russell __Hays

DREAM Camper Health/Medication Form

Parent/Guardian – please fill this form out completely. Signature at the bottom of this form verifies agreeing to submit this medical release and consent from by electronic means. By signing/typing name were indicated - this medical release and consent form, I understand that this verification has the same legal effect and can be utilized in the same way as a written signature.

Camper Name: _____

TO BETTER SERVE THE NEEDS OF YOUR CHILD, PLEASE ANSWER ALL QUESTIONS

Is tetanus immunization current ? No Yes Does not apply
Allergies to any medication? No Yes Please List: _____
Asthma ? No Yes Medication: _____
History of convulsions/seizures No Yes Please explain: _____

Frequent ear infections No Yes
Mental Health Issues / Diagnosis No Yes Please list diagnosis: _____

Any special classes in school No Yes Please explain: _____

History of bed wetting / urgency to go to the bathroom, etc. No Yes
Any additional information that we need to know? _____

Please list any limitations or activity restrictions while at camp: _____

(NOTE: If nothing is noted, your child will be allowed to participate in all camp activities.)

Medication Permission Form

If camper has a medical KanCare card, please send a copy of the child's card with this form. PLEASE READ AND SIGN ONE OF THE FOLLOWING: We have a small supply of over-the-counter medications such as children's Tylenol, children's allergy medication, throat lozenges, children's cough syrup, anti-bacterial ointment, etc....In the event that your child needs and has requested this type of medications, do you grant permission for the staff of Dream, Inc. to supply over-the-counter, age-specific medication?

_____ YES, my child may take over-the-counter medication with camp staff supervision.

_____ NO my child may NOT take any over-the-counter medication.

For children bringing medication to camp: The medication must be in it's original container with the child's name and directions on the amount/frequency to administer medication.

_____ I grant permission for my child to be administered their prescribed medication as prescribed.

Signature of Parent/Guardian

Date