



Important: Registration is incomplete until all documents are received by mail

CAMPER MAIL-IN INSTRUCTIONS

Instructions:

Email confirmation from PayPal/Gokuldhama website is your receipt of payment.

Please print out the Confirmation email and attachment received after finishing Gokuldhama Camp Camper Registration Part I.

Correct any errors on Part I form if needed.

Once we receive all required documents, we will notify you with your Registration.

For any questions or concern contact – Gokuldhama Front-Desk at (770) 492-4346 or email us at: GokulDhamcamp@gmail.com

Please mail the following SEVEN documents TOGETHER within TEN Business days of on-line registration. Please send all documents via Mail or in person to us.

1. Confirmation email received after finishing Gokuldhama Camp Camper Registration Part I
2. Email confirmation for payment from Paypal/Gokuldhama website (payment receipt)
3. Signed Consent and Permission Slip (Pg. 2)
4. Proof of date of birth (Copy of Birth Certificate or a copy of Passport)
5. Health Insurance Card: Front and back copy
6. Health Information Form (Pg. 3)
7. Medical Clearance Form (pg. 4)

Mail all required documents to:

Gokuldhama

Camper Application

2397 Satellite Blvd

Buford Georgia 30518



Signed Consent and Permission

Name of Camper	
Name of Parent/Legal Guardian	
Signature of Parent/Legal Guardian	Date:
Relation to Camper	



Health Information Form-Camper/Counselor

TO BE COMPLETED BY PARENT (if under 18)

Camper/Counselor's Name: _____ DOB: _____

1. If you/your child is allergic to/have any medical condition. Please check all that apply.

Drug ___ Food ___ Seasonal ___ Bee sting/insect ___ Any other _____

Please specify: _____

2. (Do you/Does your child) take any medication for this allergy/condition? (Check all that applies)

Daily ___ As needed ___ No medication is needed ___

Please list medication(s), dosage and frequency, including emergency medicine child carries:

3. Is there a need to keep medication at camp? _____ Yes ___ No

4. Are there any limitations/ restrictions of physical activities at camp due to allergies/condition?

Yes ___ No ___, Please specify if yes _____

5. What are the symptoms (you exhibit / your child exhibits) when having an allergic reaction/medical condition? _____

6. (Have you/has your child) ever been hospitalized, gone to the emergency room, or visited the doctor due to an allergic reaction?

Yes ___ No ___, if yes, please explain: _____

I, _____ give permission for my child to receive the above medication as directed. (If under 18). I understand that there is no physician available at camp. (I am/my child is) trained to self-administer regular medications and emergency medications including EpiPen injection. I will send all regular and emergency medication to camp.

Printed Name of Parent/Guardian/Self Signature Date

Emergency Contact numbers: _____



GOKULDHAM CAMP

Medical Clearance Form-Camper/Counselor

(This form must be completed by the Child's Physician)

Camper/Counselor

Name: _____ DOB: _____

Medical condition(s):

Food, environmental or drug allergy:

Name of medication:

Length of time and frequency of
dosage: _____

Does child need to carry any emergency medicine? Yes _____ No _____

Please specify:

Are there any restrictions? Yes _____ No _____ If yes what and for how long?

Please specify:

Please check one:

{ } I understand that there is no medically trained person available at Camp. My patient is trained (if he/she is prescribed) to administer all Emergency medications, including Epipen.

{ } I certify that my patient is capable of attending camp and is free of any communicable disease.

{ } I certify that he/she is NOT capable of attending camp.

Extra

notes: _____

Printed Name of Physician _____

Signature of

Physician _____ Date _____

Emergency Contact number: _____