



REGISTRATION FORM PART II

Part II is - All counselors are required to submit a statement of interest-why they would like to attend camp as counselors (minimum 200 words).

MAIL-IN INSTRUCTIONS

Please print out the online completed Registration Form Part I. Correct any errors on Part I form if needed.

Mail Form I and Form II TOGETHER within TEN Business days of on-line registration.

Please send all documents via Mail or in person.

Once we receive all required documents, we will notify you with your Registration. Email confirmation from PayPal/Gokuldham website is your receipt of payment

Counselor will be admitted after online payment, and upon approval by the Gokuldham committee.

**For any questions or concern contact
Gokuldham Frontdesk at 770-492-4346**

OR email us at:

GokulDhamcamp@gmail.com

Mail all documents to

**Gokuldham
Counselor Application
2397 Satellite Blvd
Buford, GA 30518**



Signed Consent and Permission

Completed by Parent / Guardian if under 18

Name of the Counselor	
Name of the Parent/Legal Guardian	
Signature by self or by Parent/Legal Guardian Date:	
Relation to the Camper	



Health Information Form-Counselor

TO BE COMPLETED BY PARENT (if under 18)

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-Counselor

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

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: _____