



2017 Summer Information Form

Campers Name: _____

Please complete one Summer Information form for each child enrolled in camp and return no later than the Monday June 15th. Please return to the Day Camp Service Manager.

Parent/Guardian Information Check this box if both parents are authorized to pick up the child.

Mother's Name _____ Father's Name _____

Address _____ Address _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email _____ Email _____

Authorized to Pick Up child (Other than person completing this form, please list those who are able to pick up your child within 20 minutes of call. Children may leave only with those listed below.)

Name	Relationship	Phone Number During Program Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contacts (Other than person completing this form, please list those who are able to pick up your child within 20 minutes of call. Children may leave only with those listed below.)

Name	Relationship	Phone Number During Program Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

About Your Child

Please include any information that you believe will make your child more comfortable in the program. Include special interests, pets, fears, favorite activities, etc.



Medical Information

Does your child have any allergies/food restrictions/physical limitations/special needs (i.e. ADD/ADHD, etc.) or special assistance in order to participate?

(If your child has allergies, an Allergy Action Form must be completed.)

Is your child taking any medication on a regular basis? Yes No

Will the staff be required to administer any medications? Yes No

I authorize staff to re-apply sunscreen to my child’s face, neck, back, and Shoulders. ? Yes No

Staff will administer first aid when necessary. In case of emergency children will be taken to the nearest hospital by ambulance.

Children may walk or be transported by bus/van to other locations, Blair Park, Sunrise Beach, Artesian Park. Parents will be notified in advance when these trips occur.

Photographs/videos, for publicity purposes may be taken during programs.



I AGREE TO ABIDE BY THE CONTENTS OF THE PARENT HANDBOOK.

Signature _____ Date_____

Print Name _____