Mighty Sprouts



2018 Summer Information Form

Camper's Name: _____

Please complete one Summer Information form for each child enrolled in camp and return no later than Monday June 18th. Please return to the Mighty Sprouts Manager.

Parent/Guardian Information Ch	eck 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.)

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.

Summer Information Form



T-Shirt size Please check one

□ 2/4(Child XS)	□ 6/8 (Child S)	□ 10/12 (Child M)		□ 14/16(Child L)	□ 18/20 (Child XL)
	□ AS				

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 _____