

2008 SUMMER DAY CAMP REGISTRATION FORM

CHILD'S NAME: _____ MALE ___ FEMALE ___

GRADE: _____ AGE: _____ DATE OF BIRTH: _____

PARENT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

HOME PHONE: _____ E-MAIL: _____

MOTHER'S WK #: _____ / CELL #: _____

FATHER'S WK#: _____ / CELL #: _____

Name of person(s) authorized to pick-up your child. If someone other than those listed come to pick-up your child a note from parents giving authorization will need to be given to camp supervisor (parents must bring note; do not send with child). Authorization cannot be given over the phone.

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

MEDICAL INFORMATION

Physican's Name: _____

Address: _____ City _____ Phone: _____

Date of last Doctor's visit: _____ Up-to-date on Shots: Yes ___ No ___ Date: _____

Medical Insurance Company: _____ Policy#: _____

Name of person (s) to contact in case of a medical emergency that can give consent for your child to be transported to a hospital and receive medical attention in your absence. Please notify us if you will be out of town/who is guardian over your child.

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Please give up-to-date answers to the following questions so that the necessary information will be available should your child become ill and we are unable to reach you or your emergency contact.

1. Is your child on any medication? Yes__ No__ Please list names of medication & information about the medication (what is it for).

Medication: _____

Information: _____

2. Is your child presently under a doctor's care? Yes__ No__ Reason _____

3. Are there any activities in which your child cannot participate? Yes__ No__

Activity: _____ Reason: _____

4. What is your child allergic too (shots, medicine, insect stings, latex, foods, etc.).

5. Has your child had any of the following: (yes or no)

_____ Tonsillitis _____ Bladder or Kidney Infection

_____ Strep Throat _____ Seizures, fits, shaking spells

_____ Tubes in Ears _____ Heart murmur

_____ Asthma or Wheezing _____ Hives or Rashes

List any others _____

6. Is your child a hemophiliac (free bleeder): Yes_____ No_____

Yes: Provide any information for emergency _____

7. Does your child have any speech, hearing or vision problems? If yes explain: _____

8. Does your child have any special problems not covered on this form?

Please list/explain: _____

9. I give permission for my child to be photographed participating in camp activities and photo's will be submitted to local papers, placed on department website or in department publications . Yes_____ No_____

Parent (s) Signature: _____

Date: _____

Reminder: This information is important in case of a medical emergency. It is not only for us, but also for your child! Please take the time to complete and if information changes please notify the Camp Director.