

### Camper Information

Camper \_\_\_\_\_ Sex M F DOB \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle Initial Fall of 2017

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Camper's Physician \_\_\_\_\_

Physician's Address \_\_\_\_\_ Physician's Ph \_\_\_\_\_

Medical Issues \_\_\_\_\_

Medications Taken Regularly \_\_\_\_\_

Medication Procedures \_\_\_\_\_

Allergies \_\_\_\_\_

Allergy Procedures \_\_\_\_\_

### Parent Information

Parent \_\_\_\_\_ Relationship \_\_\_\_\_ Home Ph \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work Ph \_\_\_\_\_

Email \_\_\_\_\_ Cell Ph \_\_\_\_\_

Parent \_\_\_\_\_ Relationship \_\_\_\_\_ Home Ph \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work Ph \_\_\_\_\_

Email \_\_\_\_\_ Cell Ph \_\_\_\_\_

Camper lives with \_\_\_\_\_

### Friends/Relatives to call if you cannot be reached in an emergency

Name \_\_\_\_\_ Home Ph \_\_\_\_\_

Relationship \_\_\_\_\_ Work Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Name \_\_\_\_\_ Home Ph \_\_\_\_\_

Relationship \_\_\_\_\_ Work Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

### Alternate Pickup People

Name \_\_\_\_\_ Home Ph \_\_\_\_\_

Relationship \_\_\_\_\_ Work Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Name \_\_\_\_\_ Home Ph \_\_\_\_\_

Relationship \_\_\_\_\_ Work Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

### Medical Emergency Statement

I hereby give permission for Shaker Road Child Care Center Inc. to give my child \_\_\_\_\_

Simple first aid when necessary or in the event of a more serious accident for my child to be transported to a hospital or other emergency medical facility to receive emergency treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date