

## Camper Information

Camper \_\_\_\_\_ Sex M F DOB \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle Initial Fall of 2018

Address \_\_\_\_\_

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

Child'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 \_\_\_\_\_ Daytime Ph. \_\_\_\_\_

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

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

Employer/Occupation \_\_\_\_\_ Daytime 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 \_\_\_\_\_

\*\*T-Shirt Size\*\* (Please circle one) **ADULT** S M L XL **YOUTH** S M L