



Day Camp Information Form

Camper Name _____

Date of Birth: _____

Age: _____

First Time Camper? YES NO T-Shirt Size: YS YM YL AS AM AL School Attending In The Fall: _____

Does your Camper have a sibling or relative in camp? YES NO

If Yes, please list Camper's name(s) & age(s): Name(s): _____

Age(s): _____

Home Address: _____

City: _____

Zip Code: _____

Mothers Name: _____

Cell: _____

Circle best form of contact: Cell

Text

E-mail

Work

Texting: Yes No

Work: _____

E-mail: _____

Fathers Name: _____

Cell: _____

Circle best form of contact: Cell

Text

E-mail

Work

Texting: Yes No

Work: _____

E-mail: _____

My child lives with (circle one)

Both Parents

Mother Only

Father Only

Other

Emergency Name: _____

Relationship to Child: _____

Phone #: _____

Please list who is allowed to pick your child up from camp (if there are more than 2, please list them on the reverse side)

Name: _____

Relationship to child: _____

Phone#: _____

Name: _____

Relationship to child: _____

Phone#: _____

(If a situation arises, please send a note to camp with your child stating who will be picking up that day with their phone number.)

Please list who is NOT allowed to pick up your child (if applicable)

☐ Does your child have any allergies? _____

If so, please explain _____

☐ Is your child on any medication? _____ Please contact camp director for separate Permission to Dispense Medication form. Do you need to keep this medication at camp? _____ If medicine is to be kept at camp, and/or administered please be sure to give it to the Camp Director with specific instructions.

☐ Does your child have any physical limitations of which we should be conscious? _____

☐ Please identify any special adaptations or accommodations necessary to assist your camper in participating in the camp program: _____

☐ Is the camper currently under the care of a physician or psychologist? (If yes, please explain) _____

☐ Are there any emotional, physical, learning, or developmental needs we should be aware of? (If yes, please explain) _____

In case of an emergency only – If staff feels that my child needs sunscreen, I give my permission for them to apply it on my child. (We recommend bringing only spray sunscreen) YES NO
understand every effort will be made to contact parents or guardians of campers in case of emergency. In the event I cannot be reached, I hereby give permission to the physician selected by the camper directly to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child. Camp authorities may take such emergency measures, as they deem appropriate, including transportation, and shall notify the parent/guardian as soon as possible. I have completed this emergency form in full.

Parent/Guardian Signature: _____

Date: _____