CAMP CONTACT, MEDICAL INFORMATION, AND PICK UP/DROP OFF FORM

Please read and complete this form. Your child WILL NOT be allowed in Day Camp unless our records indicate that this form has been properly completed and signed. This form may be brought on the first day of camp or mailed in prior to the campers’ first day of camp.

Camper’s Name: ___________________________________________ Camper’s Age: _____________

Parent/Guardian Name (Printed Clearly): _____________________________________________________________

Parent/Guardian Home Phone: ___________________ Work Phone: ___________________

Please give the names of any relatives or friends who will be responsible for your camper(s) when you cannot be reached.

Name: __________________________________________ Phone: ___________________

Name: __________________________________________ Phone: ___________________

Please inform us in writing of any medical conditions (severe allergic reaction, asthma, etc. or any medication currently being taken) that would merit our attention. Please use the space below to list any such medical conditions.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

The child listed above may be picked up from Summer Fun Day Camp only by me or the individuals listed below. I understand these individuals must show a photo ID at pick-up time.

Individual’s Name Child’s (Aunt, Grandparent, Brother, Babysitter, etc.)

1. ___________________ Child’s ___________________

2. ___________________ Child’s ___________________

3. ___________________ Child’s ___________________

Parent/Legal Guardian’s Name (Print): ____________________________

Parent/Legal Guardian’s Signature: ____________________________ Date: ______________

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