

EMERGENCY AND PICK-UP INFORMATION

Child's Name ( <i>Please Print</i> )	Birth date
Address	
Parent/ Guardian Name	Home Telephone Number
Parent/ Guardian email address	
Business Name and Address	Business Telephone Number
Emergency Contact Person(s)	Telephone Number
<b>Method of child pick-up from camp:*</b> <input type="checkbox"/> Parent pick up <input type="checkbox"/> Other pick up <input type="checkbox"/> Child walk/ ride bike <input type="checkbox"/> Other (Specify)	
Person(s) to whom child may be released	Relationship
Name of child's medical care provider	Telephone number
Allergies (including medication reaction)	
Medical or dietary information necessary in an emergency situation	
Medication, special conditions	
Additional information on special needs of child	
<b>PARENT/ GUARDIAN SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>	
Obtaining Emergency Medical Care	Admin of minor first-aid procedures
Participation in sports including gymnastics & running	Wading or sprinkler play
Watching movies rated G or PG	Eating snacks & treats or candy provided by camp

Parent/guardian signature

Date

*\*Camp personnel are not responsible for child once they have been signed out by an approved pick-up person or by self as authorized by parent.*