

Kids Kamp Emergency Information 2019

Camper Information (one form per child)

Camper Name: _____
First Name Last Name

Parent Information

Parent Name: _____ Contact Phone: _____

Parent Name: _____ Contact Phone: _____

Primary email address:(**PRINT CLEARLY**) _____

Alternate pick-up permission (not listed below):

Name _____ Name _____

Allergy/Medical Information

Does your child suffer from any allergies or have any other medical conditions of which you would like our staff to be aware? Yes _____ No _____

If so, please describe:

* Please note: If your child requires any medicine on site (including an EpiPen or Benadryl), all medications must be clearly labeled and bagged and must be accompanied by a doctor's note. Only certified staff will administer any medications.

Miscellaneous Information

In case of an emergency, Kids Kamp staff will make every effort to contact a parent at the contact phone number(s) above. If we are unsuccessful, please list an alternate contact & your physician.

Alternate Emergency Contact: _____

Relationship to Camper: _____ Phone: _____

Alternate Emergency Contact: _____

Relationship to Camper: _____ Phone: _____

Physician: _____ Phone: _____

Photography

Throughout the summer, we will be taking photographs and short video clips which may be used for promotional (including facebook) or advertising purposes. Children's names will not be included.

I DO NOT wish your child to be photographed, please sign _____