



Day Camper Information Sheet

Camper Name: _____

Birthdate: _____ Grade: _____

Parent Contact Information:

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Medical Information:

Allergies:

Medications:

(If medications will need to be taken at Camp, please fill out the Permission to Supervise Medications form.)

Special Concerns or Illnesses we should be aware of *(Please see our Inclusion Policy)*

Emergency Contacts - Please list two people to be notified in the event of emergency or illness when parent or guardians are not available.

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Sign Out and Release Information:

Please list any person (other than those listed above) who will be picking up your child:

1 _____ Relationship to child: _____

2 _____ Relationship to child: _____

Is there anyone who we should be made aware of, who legally should not be picking up your child?

Please let the office know of any changes to who will be picking up your child beyond what you have listed above. For safety's sake, we will not release children to the care of anyone that we have not previously received permission for from parents or caregivers.