



## Day Camper Information Sheet

Camper Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

### 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: \_\_\_\_\_

**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.*