

SUMMER CAMP & TEEN SCENE PARTICIPANT INFORMATION SHEET

CHILD'S PICTURE
FOR SUMMER CAMP
ONLY

NAME: _____ GENDER: _____ AGE: _____ DOB: _____

ADDRESS: _____

SCHOOL ATTENDED 09/10: _____ GRADE: _____

MOTHER'S NAME: _____ EMAIL: _____

MOTHER'S PHONE NUMBER: C) _____ W) _____ H) _____

FATHER'S NAME: _____ EMAIL: _____

FATHER'S PHONE NUMBER: C) _____ W) _____ H) _____

IF PARENTS CANNOT BE REACHED PLEASE CONTACT:

NAME: _____ PHONE: _____ PHONE: _____

NAME: _____ PHONE: _____ PHONE: _____

MEDICAL INFORMATION:

DOCTOR'S NAME: _____ PHONE: _____

CHILD'S ALLERGIES OR AILMENTS: _____

PRESCRIBED MEDICATION: _____

(Please only list medication that your child will be taking while at the summer camp.)

THE NAMES LISTED BELOW ARE AUTHORIZED TO PICK UP THE ABOVE LISTED CHILD:

(NOTE: The individuals listed below must present a valid photo ID when signing out the above listed child.)

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____