



SUMMER CAMP INFORMATION

Camper Name: _____ Camp Session: _____

Home Phone Number : (____) _____ Age: _____ Male Female

Contact Information:

Parent/guardian 1: _____ Work Phone# _____ Cell Phone # _____

Parent/guardian 2: _____ Work Phone# _____ Cell Phone # _____

Emergency Contact: _____ Work Phone# _____ Cell Phone # _____

Emergency Contact is same as above

Medical Information:

Does your child have any medical conditions we should be aware of? If yes, please explain.

Does your child have any allergies or special dietary restrictions? If yes, please explain.

Health Card #: _____

Pick-Up Information:

Adults permitted to pick-up from Camp

Pick-up information is same as contact information section

1. Name: _____ Relation to Camper: _____
Home Phone #: _____ Cell Phone # _____ Work Phone # _____

2. Name: _____ Relation to Camper: _____
Home Phone #: _____ Cell Phone # _____ Work Phone # _____

3. Name: _____ Relation to Camper: _____
Home Phone #: _____ Cell Phone # _____ Work Phone # _____

Parent/Guardian Signature: _____ Date: _____

The personal information on this form is collected and used for emergency purposes only and will be kept confidential.