



Summer Camp Camper Profile

Child's Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Child's Birthday _____

Parent/
Guardian Name _____
Work Phone
Cell Phone

Parent/
Guardian Name _____
Work Phone
Cell Phone

Family Doctor: _____

Address: _____

Phone: _____

EMERGENCY CONTACT (must live in area)

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

HEALTH: Does your child have allergies or food restrictions? If yes please explain:

Medical and general information we should know:

Parent Authorization: This information is correct as far as I know. I understand that in case of emergency, every effort will be made to contact me. However, if I can not be reached, I hereby authorize program staff to administer appropriate first aid and to have my child transported to the nearest hospital to secure the necessary medical treatment. I have received, read, and understand the Parent Information Handbook and agree to comply with all policies set forth within it.

Parent Signature _____ **Date** _____