

Child's Name _____
Last First Middle Summer Camp Site

Medical/Developmental History (Use additional paper if necessary): The program agrees to provide transportation to an appropriate medical resource facility in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. We will not administer any drug or medication without specific instructions from the physician or the child's parent or guardian.

I agree that the daycare provider may authorize the physician of his/her choice to provide emergency care if neither I nor the family physician can be contacted immediately. I agree do not agree

Completion of this section is mandatory before your child can start in the program.

List any medical conditions, allergies, operations, hospitalizations:

Child's Doctor _____ Phone # _____

Child's Dentist _____ Phone # _____

Hospital Preference _____

Will your child need medication during the Summer Camp Program on a regular basis? Yes No

The parent/guardian is responsible for submitting an Authorization of Medication for a student at School form to the Site Coordinator at your child's summer camp site.

I give do not give (check one) the school nurse permission to provide medical information to the summer camp staff.

I give do not give (check one) permission for my child to be photographed at the program site. (e.g. by site staff for scrapbook, display, or by program publications by journalists doing a report on school-age care programs.)

I give permission for my child to be transported via bus to and from All scheduled summer camp field trips. Field trips are not optional since, for safety and supervision, all staff attends each field trip.

I understand that I must submit a two week notice to delete week(s).

Application: I certify that all the information I have given on this application form is true and accurate. I understand that providing false and incomplete information will be cause for disenrollment from the program.

Signature of Parent/Guardian: _____ Date: _____

Office Use Only:

Date App Received: _____ Start Date: _____ Fee Paid: _____

Original to School: _____ Payee: _____ Check/Cash: _____