



One Day Camp



STUDENT INFORMATION

Full Name _____
Date of Birth ____/____/____ Place of Birth _____
Gender Male Female
Home Address _____
City _____ Zip Code _____
Phone Number _____ Email _____

CONTACT INFORMATION

Parent/Guardian Name _____
Home Phone _____ Work/Cell Phone _____
Emergency Contact Name _____ Emergency Phone _____
Relationship to Student _____ Alternate Phone _____

MEDICAL INFORMATION

Does your child suffer from a health condition that threatens their life? Yes No
If yes, please explain

Is your child in need of medication during camp? Yes No
If yes, please explain

Do you have any other medical issues we should know about your child? **For example, does your child have any food allergies?** Yes No
If yes, please explain

Parent Signature _____ Date ____/____/____

Where all we see is possibility....