

EMERGENCY CONTACT / PARENTAL CONSENT FORM

Kids' Camp, Inc.

Name LAST	FIRST	BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS (IF Different From Camper)		CELL PHONE
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS (IF Different From Camper)		CELL PHONE
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS.		
Names of EMERGENCY CONTACT PERSONS - Other Than Parents		TELEPHONE NUMBER WHEN CHILD IS AT CAMP
Names of PERSONS TO WHOM CHILD MAY BE RELEASED	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS AT CAMP.
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
MEDICAL INSURANCE POLICY INFORMATION – Insurance Company and ALL Policy Numbers	ALLERGIES	
MEDICATION & SPECIAL CONDITIONS	EXISTING MEDICAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
<p>I/we give permission for minor child to participate and engage fully in all camp activities at Kids' Camp, Inc. at Springfield Racquet & Fitness Center. I/we have provided the above information, take full responsibility for its completeness and correctness and understand that I /we are responsible for providing updates due to any changes. I/we understand that it is a requirement that information is provided for the use of KCI staff to determine enrollment eligibility, and certain special needs may be beyond the scope of the KCI program and format. In case of health problem or emergency, I/we authorize Kids' Camp, Inc. at Springfield Racquet & Fitness Center to administer First Aid, and where necessary, obtain medical treatment, including transporting to a medical facility for the minor child as needed. and I/we authorize the release of any records for insurance purposes.</p>		
Parent/Legal Guardian Signature(s)		Date

