

Summer Mornings At The Community Classroom

Camper Emergency Information

Camper's name: _____ Date of Birth: _____

Parent or Guardian: _____ Cell Phone: _____

Best Phone Number, 9:00-12:00 AM, weekdays: _____

Emergency Contact

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

List of people other than yourself authorized to pick up your child:

List any people who MAY NOT pick up your child:

Family Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Health Insurance Company: _____ Policy Number: _____

Preferred Hospital: _____

Please list any food allergies: _____

Allergies to medication: _____

Please list all medications your child takes: _____

Please indicate if it is ok to apply sunblock if needed: Yes No

Please indicate if it is ok to apply bug spray with deet if needed: Yes No

For elementary campers, please indicate your child's t-shirt size: _____

If an injury occurs during SMACC, a staff member will administer first aid. If your child warrants immediate medical care regarding an injury or medical condition, The Community Classroom will be responsible for authorizing transportation via ambulance to a hospital.

I have read and understand the Community Classroom policy and agree to these conditions.

Parent/Guardian: _____ Date: _____