



2023 ON-SITE CAMP PROGRAM

Return by May 19, 2023

CHILD'S NAME:

BIRTHDATE:

PARENT NAME:

PARENT NAME:

HOME ADDRESS:

HOME ADDRESS:

EMAIL ADDRESS:

EMAIL ADDRESS:

CELL #:

CELL #:

CAREGIVER'S NAME:

CAREGIVER'S PHONE:

Important: Please place a check mark next to the phone number/s you would like us to text if there is inclement weather at camp and for other communications.

PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE: _____

HEALTH INSURANCE PROVIDER: _____ GROUP NUMBER: _____ PHONE: _____

ALLERGIES OR SPECIAL NEEDS we should be aware of:

Does your child have an Epi Pen? YES or NO

Does your child have an inhaler? YES or NO

EMERGENCY CONTACT- Who should we contact when a parent cannot be reached? **Must list at least one.**

NAME: _____
Address Phone

NAME: _____
Address Phone

PICKUP INFORMATION - Persons authorized to pick up your child. **Must list at least one.**

NAME: _____
Address: Phone:

NAME: _____
Address: Phone:

WALKING RELEASE

I give my child permission to participate in walking trips to Raymond Park during SLC's summer program.

Parent's Signature _____ Date

APPLICATION OF SUNTAN LOTION RELEASE

I will provide suntan lotion for staff to apply on my child during SLC's summer program. YES or NO

Parent's Signature _____ Date

PHOTOGRAPHY RELEASE

I give SLC permission to take photographs of my child and I authorize them to use said photographs on their website, brochures, advertising and special events. YES or NO

Parent's Signature _____ Date

EMERGENCY RELEASE - In case of extreme emergency, when parents or family physician can't be reached, I give the school authorities permission to call a physician to take whatever actions deemed necessary and I will accept responsibility for any expenses incurred. YES or NO

Parent's Signature _____ Date