



# Summer Camp Camper Profile

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Child's Birthday \_\_\_\_\_

Parent/  
Guardian Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/  
Guardian Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**EMERGENCY CONTACT** (must live in area)

1. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_



# Summer Camp

## Camper Profile

Form A

### **HEALTH:**

Does your child have allergies or food restrictions? If yes please explain:

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Medical and general information we should know:

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**Parent Authorization:** This information is correct as far as I know. I understand that in case of emergency, every effort will be made to contact me. However, if I can not be reached, I hereby authorize program staff to administer appropriate first aid and to have my child transported to the nearest hospital to secure the necessary medical treatment. I have received, read, and understand the Parent Information Handbook and agree to comply with all policies set forth within it.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_