



SUMMER CAMP Child(ren) Information Form

PARENT NAMES: _____

_____ *street address, city and state of responsible parent*

_____ *responsible parent's e-mail address*

_____ *most accessible phone# of responsible parent*

_____ *alternate phone number of responsible parent*

EMERGENCY CONTACT:

_____ *name*

_____ *relationship*

_____ *phone*

_____ *name*

_____ *relationship*

_____ *phone*

_____ *name*

_____ *relationship*

_____ *phone*

1. STUDENT NAME: *Tell us about your child...*

_____ *Student's name*

_____ *Grade entering in the fall*

Does he/she have allergies? If so, what kind and what is the treatment used?

No Yes _____

Asthma? If so, what is the treatment plan?

No Yes _____

Frequent headaches?

No Yes _____

Near-sightedness? No Yes

Glasses or contacts? No Yes

Frequent upset stomachs?

No Yes _____

Are there are conditions that would prevent him/her from participating in outdoor -recess type- activities? _____

Can your child swim? No Yes

2. STUDENT NAME: *Tell us about your child...*

Student's name

Grade entering in the fall

Does he/she have allergies? If so, what kind and what is the treatment used?

No Yes _____

Asthma? If so, what is the treatment plan?

No Yes _____

Frequent headaches?

No Yes _____

Near- sightedness? No Yes

Glasses or contacts? No Yes

Frequent upset stomachs?

No Yes _____

Are there are conditions that would prevent him/her from participating in outdoor -recess type- activities? _____

Can your child swim? No Yes

3. STUDENT NAME: *Tell us about your child...*

Student's name

Grade entering in the fall

Does he/she have allergies? If so, what kind and what is the treatment used?

No Yes _____

Asthma? If so, what is the treatment plan?

No Yes _____

Frequent headaches?

No Yes _____

Near- sightedness? No Yes

Glasses or contacts? No Yes

Frequent upset stomachs?

No Yes _____

Are there are conditions that would prevent him/her from participating in outdoor -recess type- activities? _____

Can your child swim? No Yes