



2018 Summer Camp Student Admission/Emergency Information Form

Child's Name _____ DOB _____ Grade Completed _____

PARENT/GUARDIAN INFORMATION

<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Name _____ Address _____ City _____ Zip _____ Work Number _____ - _____ - _____ Cell Number _____ - _____ - _____ Email _____ Employer _____ Occupation _____ <input type="checkbox"/> Child's Primary Address	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Name _____ Address _____ City _____ Zip _____ Work Number _____ - _____ - _____ Cell Number _____ - _____ - _____ Email _____ Employer _____ Occupation _____ <input type="checkbox"/> Child's Primary Address
<input type="checkbox"/> Married <input type="checkbox"/> Single	IF ONLY ONE PARENT HAS CUSTODY OF THE CHILD, WE MUST HAVE A COURT ORDER ON FILE FOR THE AGREEMENT TO BE HONORED.

When parent/guardian cannot be reached, please contact the following person(s) in the order listed. I authorize my child to be released to the following persons:

Please type or print (Person other than parent or guardian)

1	Name _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____
2	Name _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____

Signature of parent or legal guardian

Date



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AUTHORIZATION FOR EMERGENCY MEDICAL

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Our Savior Lutheran School to take my child to:

Physician _____ Phone _____ Address _____

Insurance Company _____ Policy/Account/Group# _____

ID Number/Policy Owner SSN _____ Insurance claims Phone _____

Preferred Hospital: _____ Phone _____

Nearest Emergency Room will be used if no other hospital is listed

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the last 12 months, medication prescribed for long-term continuous use any other information of which the staff should be aware (If no conditions apply, please state "NONE"):

I hereby _____ **GIVE** _____ **DO NOT GIVE** -consent for designated staff of Our Savior Lutheran to administer first aid and/or medication to my child.

Comments: _____

My child's immunization record is on file at Our Savior Lutheran School or is attached hereto and all immunizations and tuberculosis tests are current.

Signature of parent or legal guardian

Date

ATTENTION/FIRST AID

AUTHORIZATION FOR ACTIVITIES

TRANSPORTATION:

I hereby _____ **GIVE** _____ **DO NOT GIVE** – consent for my child to be transported and supervised by Summer Camp staff on field trips.

WATER ACTIVITIES:

I hereby _____ **GIVE** _____ **DO NOT GIVE** – consent for my child to participate in water activities (splash pools/wading pools/swimming pools).

FIELD TRIPS:

I hereby _____ **GIVE** _____ **DO NOT GIVE** – consent for my child to participate in field trips.

PHOTO RELEASE:

I hereby _____ **GIVE** _____ **DO NOT GIVE** – permission for my child to be photographed or videoed in the school, at school functions and on field trips for those images to be used in advertisement or other publication of the school. (When pictures are used online there will not be personal identification of any students name.)

Signature of parent or legal guardian

Date