

**High Mount School District #116  
Summer Camp  
Information Form**

Child's Full Name: \_\_\_\_\_ **Shirt Size:** S M L XL (youth sizes)  
XS S M (adult sizes)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: \_\_\_ Grade exiting: \_\_\_\_\_

Father or guardians' name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother or guardians' name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status of Parents: Married\_\_\_ Not Married\_\_\_ if not married, who has custody of child? \_\_\_\_\_

I authorize the following adult(s) to pick up my child/children from Summer Camp:  
**CHILDREN WILL NOT BE RELEASED TO ANYONE NOT LISTED ON THIS FORM.**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

\*Notes are required for anyone not on this list to pick-up.

**(OVER)**

EMERGENCY MEDICAL INFORMATION

Student's Name: \_\_\_\_\_

Special health conditions of student: (seizure disorder, diabetes, allergic to stings, asthmatic, food allergies or dietary restrictions, restrictions to activities, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_

Physician of choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist of choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_ Phone: \_\_\_\_\_

If you and the physician of choice, as indicated above, cannot be reached in an emergency and if in the judgment of the program director, immediate medical and/or hospital attention is needed, including ambulance service, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician and accept the fees involved? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**ATTENDANCE SCHEDULE:**

\*Reminder the summer camp Program runs daily 6:00AM-6:00PM

**Start time:** 6:00am\_\_\_\_ 6:30am\_\_\_\_ 7:00am\_\_\_\_ 7:30am\_\_\_\_ 8:00am\_\_\_\_

**Pick-up time:** 3:00pm\_\_ 3:30\_\_ 4:00\_\_ 4:30\_\_ 5:00\_\_ 5:30\_\_ 6:00\_\_

**Days per week:** Monday Tuesday Wednesday Thursday Friday

(Please circle the days that your child will be attending?)

Please indicate above the times and days that your child will attend camp. This will help the staff to prepare activities based on anticipated group size, and are not binding. Please note that pick up time is not to exceed 6:00PM. On days where changes are made in the normal routine, **PLEASE SEND A NOTE OR CALL THE DIRECTOR.**

