

**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.**

