

# Summer Day Camp Camper Information

## Camper Information

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Most frequently checked email \_\_\_\_\_ @ \_\_\_\_\_ .com

Any additional information we need to know about your child? (ADHD, Autism, take medication, etc)  
(This includes anything we need to know to make Summer Day Camp successful! Please let us know of any specific issues or concerns so we can provide a great experience for everyone!)

Allergy Information: Please list any known allergies (foods, latex, medicine) and what can be done if they have a reaction. Please provide an Epi-Pen for severe allergies.

## Parent Contact:

Please provide contact information for all parents.

\_\_\_\_\_  
Mom/Step mom's name Cell/work number

\_\_\_\_\_  
Dad/Step dad's name Cell/work number

## Emergency Contact:

List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. **This should not be a parent!** Any person listed should be able to assist in contacting you and must be within 30 minutes of our facility to take responsibility for your child in case you cannot be contacted.

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Work Phone Cell Phone

Office Use Only

Sunscreen (12 oz bottles) 1 2 3 4