

# Summer Day Camp Camper Information

## Camper Information

Name \_\_\_\_\_

Age \_\_\_\_\_

Any additional information we need to know about your child?

(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!)

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Allergy Information: Please list any known allergies (foods, latex, medicine)?

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Parent Contact:

Please provide the primary contact information in case of emergency.

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Name	Relationship
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Work Phone	Cell Phone
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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.

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Name	Relationship
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Work Phone	Cell Phone
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