Summer Day Camp Camper Information

Camper Information

Name _____ Birthdate _____

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 SDC successful! Does your child get overwhelmed? Do they react to stressful situations by lashing out? 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