

Kids' Klubs Camp

(Please fill out **both** sides completely!)

Child's Name _____ Sex _____ Birth date ____/____/____ Age ____
Mailing Address _____ City _____ State _____ Zip _____

Mother or Guardian _____ Cell # _____ Home # _____ Work # _____

Father or Guardian _____ Cell # _____ Home # _____ Work # _____

(Give names of person to call in case of emergency if parents cannot be reached.)

Name _____ Phone # _____ Relationship _____

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Is your child taking any routine prescriptions? (Please list) _____

Medication can be dispensed if it is:

- 1) In it's original container
- 2) Note from parent stating permission to dispense, time and amount.

Physician's Name _____ Phone #: _____

Has your child had a recent Tetanus shot? (give date) _____

Does your child have any allergies? (food, medication, etc.) _____

Please list any special needs of your child (including any limits on physical activity): _____

To the best of my knowledge my child is in good health and has not been exposed to any infectious disease within the past three weeks.

Should a behavior or discipline problem affect our work with other campers, or their enjoyment of Kids' Klubs Camp, we reserve the right to dismiss those campers responsible.

Y N I agree that Kids' Klubs Camp may photograph or videotape my child for use in promotional materials.

I hereby give permission for my child to attend Kids' Klub Camp and to participate in all regular activities of the Camp.

I agree that my child shall abide by the camp rules.

I indemnify and hold harmless Kids' Klubs Inc., and/or its staff and volunteers from any and all liability, claims, damage, injury or illness sustained by my child.

I grant permission for Kids' Klubs Camp to provide or obtain medical attention for my child in the event of sickness or injury. **Should my child require medical treatment, prescriptions, or hospital care while enrolled at camp, I understand that the Kids' Klubs Camp Insurance is secondary to my insurance**

INSURANCE PLAN OR PROGRAM NAME _____ POLICY NUMBER _____

Signature _____ Date _____
(Parent or Guardian)

In case of medical emergency, we will first make every reasonable effort to contact the parent or legal guardian.