
 Address: _____

 Home Phone: _____

 Employer: _____

 Address: _____

 Work Phone: _____

 Cell Phone #: _____

 E-mail address: _____

Address:
 Home Phone:
 Employer:
 Address:
 Work Phone:
 Cell Phone #:
 E-mail address:

MEDICAL INFORMATION: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted. I also agree that the operator may authorize the physician of his/her choice to provide emergency medical care in the event that I, my spouse, alternate contact(s), nor my child(ren)'s doctor can not be located immediately.

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

COTINUED ON BACK

PLEASE LIST: allergies, medications, special medical or dietary needs, or other areas of concern:

EMERGENCY CONTACTS: If for some reason the custodial parent or legal guardian cannot be reached due to child(ren) being ill, had an accident, or there's an emergency, the following people will be contacted and are authorized to pick-up your child(ren) from Pensacourt's camp. Your child(ren) will be released only to the custodial parent or legal guardian and the persons listed below **UPON WRITTEN NOTICE OR TELEPHONE CONTACT** by parent/guardian prior to general pick-up.

Name #	Relationship	Work #	Home

Name #	Relationship	Work #	Home
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Name #	Relationship	Work #	Home
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Is there anyone specifically **NOT ALLOWED** to pick up your child(ren)? No
 _____ If yes, please note their names:

NOTE: If someone other than yourself will be picking up your child(ren) please let us know no later than the morning of. A driver's license or picture ID will be required of the person picking up your child.

ALSO, if there are **ANY** days that your child(ren) won't be attending camp during the session, please notify the staff no later than 8:00 a.m. that morning (i.e. sickness, going out of town, etc).

FIELD TRIPS: The children will be going on a weekly field trip. You will receive information stating where the field trip will be and scheduled times. We will provide transportation to and from the field trip location via the Pensacourt bus. A staff person will always be in the bus with the group and seat belts and safety will be a priority. **. If your child(ren) are not present at the time of departure, they will not be able to attend the field trip.** . Please sign below to signify that you give your child(ren) permission to attend the field trip

 Parent's Name

 Date

PLEASE READ CAREFULLY AND SIGN: I understand that my child(ren) will be participating in vigorous fitness and recreational activities. In this connection and consideration of my allowing my child(ren) to participate, I represent and warrant that my child(ren) is in good physical condition and fully able to participate in such vigorous activities. I agree to let my child(ren) participate in Pensacourt's camp at my own risk and do hereby hold harmless Pensacourt, all owners, employees and volunteers of the Summer Kamp in the event of any injury, accident, illness or damage. **I also understand that ALL KAMP FEES ARE NON-REFUNDABLE.**

 Parent's Name

 Date

It is our goal to make camp a fun and positive experience for all our children. If you have any questions please feel free to contact Tessa Brough, Kids Center Director.