Emergency Medical Information and Authorization

Please fill out, sign and bring with you the first day of camp

Child's Last Name_____ Child's First Name_____

Child will be entering _____grade at _____(school)

Date of Birth_____

Person Who Registered Child_____

Email Address_____

My child is enrolled in (circle camp below)

Nature and Art Habitat Explorers The Private Eye

Bumble Boys and Lady Bugs Junior Seed Scientists

American Girl in Aldridge Gardens

I consent that my child/ren may be photographed and to the use of such photographs in future Aldridge Gardens publications and promotional materials. Yes No

Emergency Contact

Name_____ Relationship to Child_____

Home Phone_____ Cell Phone_____

Work Phone_____

Alternate Emergency Contact:

Name_____ Relationship to Child_____

Home Phone_____ Cell Phone_____

Work Phone_____

Medical History and Emergency Authorization

I attest that my child is in good physical health. Any special considerations are indicated below. In case of accident or illness, I hereby give consent to the release of medical records to any medical care provider and give permission that my child may be given emergency treatment. I agree to be responsible for any medical expenses incurred on behalf of my child.

Parent/Guardian Name_____

Parent/Guardian Name_____

Limitations on Activities:

Behaviors of which staff should be aware and how you handle this behavior:

Carpool Pick-Up Authorizations

The following individuals are in my carpool and are authorized to pick up my child from camp.

Name_____ Relationship to Child _____

Cell Phone_____ Day Phone_____

Name_____ Relationship to Child _____

Cell Phone_____ Day Phone_____

Name_____ Relationship to Child _____

Cell Phone_____ Day Phone_____

Name_____ Relationship to Child _____

Cell Phone_____ Day Phone_____