

Emergency Medical Information and Carpool Authorization

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

Child's Last Name _____ First Name _____ Circle: Girl/Boy

Child will be entering _____ grade at _____ (school)

Date of Birth _____

Person Who Registered Child _____

Email Address _____

My child is enrolled in (circle camp below)

Entering 5K - 3rd Grades

_____ June 5-9.....American Girls in Aldridge Gardens

_____ June 12 -16.....American Girls in Aldridge Gardens

_____ June 19-23..... American Girls in Aldridge Gardens

_____ June 26-30.....American Girls in Aldridge Gardens

Entering 5K - 2nd Grades

_____ June 12-16.....Engineering FUNdamentals: Create, Construct, Connect

_____ June 12-16.....Observing Your Observing

_____ June 19-23.....Construction in Nature: Experimenting with Materials to Build

_____ June 26-30.....Cool Art in the Gardens

Entering 2nd - 4th Grades

_____ June 19-23.....Cool Art in the Gardens

_____ June 26-30.....Construction in Nature: Experimenting with Materials to Build

Entering 4th - 5th Grades

_____ June 5-9.....Cool Art in the Gardens

_____ June 5-9.....Paper Circuitry

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 _____

Alternate Emergency Contact

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____

Work Phone _____

(OVER) ****

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 _____

Limitations on Activities :

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

Carpool Pick- Up Authorizations. Carpool Pick-Up is 12 Noon.

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 _____