

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 4 - 8 American Girl Dolls
- _____ June 4 - 8 Maker-Space Makers
- _____ June 4 - 8 Cool Art
- _____ June 4 - 8 Engineering and Construction
- _____ June 11 - 15 American Girl Dolls
- _____ June 11 - 15 Cool Art
- _____ June 11 - 15 Engineering and Construction
- _____ June 18 - 22 American Girl Dolls
- _____ June 18 - 22 S.T.E.A.M (Science, Tech., Engineering, Art, Math) Lab
- _____ June 18 - 22 Around the World in 5 Days
- _____ June 18 - 22 Engineering and Construction
- _____ June 25 - 29 American Girl Dolls
- _____ June 25 - 29 Cool Art
- _____ June 25 - 29 Engineering and Construction

Entering 3rd - 5th Grades

- _____ June 11 - 15 American Girl Dolls
- _____ June 25 - 29 Stop Action Animation

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, allergies, personal considerations, or religious restrictions:

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 _____