

# 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 \_\_\_\_\_

Child will be entering \_\_\_\_\_ grade at \_\_\_\_\_ (school)

Date of Birth \_\_\_\_\_ Circle: Girl/Boy

Person Who Registered Child \_\_\_\_\_

Email Address \_\_\_\_\_

My child is enrolled in (circle camp below)

## Entering 5K - 3<sup>rd</sup> Grades

- June 3 - 7 American Girl Dolls
- June 3 - 7 Cool Art
- June 10 - 14 American Girl Dolls
- June 10 - 14 Cool Art
- June 10 - 14 Myth Busters
- June 17 - 21 American Girl Dolls
- June 17 - 21 Cool Art
- June 17 - 21 Myth Busters
- June 24 - 28 American Girl Dolls
- June 24 - 28 Cool Art
- June 24 - 28 Myth Busters
- June 24-28 Engineering and Construction

## Entering 4<sup>th</sup> - 5<sup>th</sup> Grades

- June 3 - 7 American Girl Dolls
- June 3 - 7 Paper Circuitry
- June 10-14 S.T.E.A.M. (Science, Tech., Engineering, Art, Math) Lab
- June 17-21 Engineering and Construction

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 (Circle One)

## 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 \_\_\_\_\_

The following is to be signed at the end of each camp day. Please do not fill out ahead of time.

| <b>Camp Pick-up</b> | <b>Authorized Adult Signature</b> | <b>Date</b> |
|---------------------|-----------------------------------|-------------|
| MONDAY              | _____                             | _____       |
| TUESDAY             | _____                             | _____       |
| WEDNESDAY           | _____                             | _____       |
| THURSDAY            | _____                             | _____       |
| FRIDAY              | _____                             | _____       |