2023 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	
Person Who Registered Child	
Email Address	
My child is enrolled in (check camp below)	
June 5-9 WEEK 1	
[] American Girl Doll [] ART in the Gardens	
[] STEAM - All Things Creative! [] STEAM - Engineering Design Process Contrapti	lons!
June 12-16 WEEK 2	
[] American Girl Doll [] ART in the Gardens	
[] STEAM - All Things Creative! [] STEAM - Engineering Design Process Contrapt	tions!
<u>June 19-23 WEEK 3</u>	
[] American Girl Doll [] ART in the Gardens	
[] STEAM - All Things Creative! [] STEAM - Engineering Design Process Contrapt	tions!
<u>June 26-30 WEEK 4</u>	
[] American Girl Doll [] ART in the Gardens	
[] STEAM - All Things Creative! [] STEAM - Engineering Design Process Contrapt	tions!
**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	(please circle one)
Emergency Contact Name Relationship to Child	
Cell Phone Work Phone	
Alternate Emergency Contact Name Relationship to Child	
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 _____

Please list any <u>Limitations on activities, allergies, personal considerations, or religious</u> <u>restrictions as well as behaviors the staff should be aware of and how to handle this behavior</u> on the back of this sheet.