

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 (circle camp below)

Entering 5K - 3rd Grades

June 1-5 American Girl Dolls

Cool Art World

June 8-12 American Girl Dolls

Myth Busters

June 15-19 American Girl Dolls

June 22-26 American Girl Dolls

Engineering and Construction

Entering 3rd - 5th Grades

June 15-19 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 _____

Cell Phone _____ Home _____ Work _____

Alternate Emergency Contact

Name _____ Relationship to Child _____

Cell Phone _____ Home _____ Work _____

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: