

# 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

May 31-June 4	American Girl Dolls	Art	Engineering	Myth Busters
June 7-11	American Girl Dolls	S.T.E.A.M.	Engineering	Myth Busters
June 14-18	American Girl Dolls	Art	Engineering	
June 21-25	American Girl Dolls	Myth Busters		

### Entering 3rd – 5th Grades

June 14-18	Myth Busters	
June 21-25	S.T.E.A.M.	Origami

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:**