

2025 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 2-6 WEEK 1

- American Girl Doll ART in the Gardens
 STEAM

June 9-13 WEEK 2

- American Girl Doll ART in the Gardens
 STEAM

June 16-20 WEEK 3

- American Girl Doll ART in the Gardens
 STEAM

June 23-27 WEEK 4

- American Girl Doll ART in the Gardens
 STEAM

****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 Limitations on activities, allergies, personal considerations, or religious restrictions as well as behaviors the staff should be aware of and how to handle this behavior on the back of this sheet.