

# C&C KIDS CAMP

## MEDICAL PERMISSION FORM

\*MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN\*

CHILD MUST BRING THIS COMPLETED FORM TO CAMP. NO CHILD WILL BE ALLOWED TO REMAIN AT CAMP WITHOUT A SIGNED PERMISSION FORM.

We give permission for (campers name) \_\_\_\_\_ to attend C&C KIDS CAMP at Camp David Jr. We agree not to hold C&C KIDS Camping Program, or camp staff and directors responsible for losses, injury or accidents at camp or in-route to and from camp. This is to certify that the bearer of this form has the permission of the undersigned to authorize necessary emergency medical care by attending physicians or others he or she may choose in the event of accidental injury, ingestion or illness. The undersigned accepts all financial responsibility for necessary treatment and services. We further give the camp permission to take my child to the doctor or hospital for emergency medical treatment if needed.

Camper's Name \_\_\_\_\_

Birthdate: \_\_\_\_\_ Boy / Girl

Age at Camp \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

We must be able to contact someone in case of emergency.

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Second (emergency number (REQUIRED) ( \_\_\_\_\_ ) \_\_\_\_\_

### MEDICAL INFORMATION

Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Health/Diet Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

Problems we should be aware of: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian must sign this form. No one else is to sign the permission form.

# C&C KIDS CAMP REGISTRATION FORM

\*REGISTRATION FORM MUST BE COMPLETED BY PARENT OR GUARDIAN\*

Camper's Name \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Male / Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

We must be able to contact someone in case of emergency.

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Second (emergency number (REQUIRED) ( \_\_\_\_\_ ) \_\_\_\_\_

If possible, I would like to be in a cabin with: \_\_\_\_\_

Name of adult who will pick up child: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

T shirt Size \_\_\_\_\_

Camper must check out with camp director/designee before leaving camp.

\*MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*By completing this form, I give permission for my child to go on an off-site field trip. I also give permission to publish photographs of camp activities that include my child.\*