

I.H.M. SUMMER CAMP 2019

Child's Name	Current Grade

Parents' / Guardians' Names _____

Address _____ Home Phone Number _____

Parents' Cell Phone Number(s) _____

Mother's Work Place / Phone Number _____

Father's Work Place / Phone Number _____

E-Mail Address/Mom _____ Dad _____

Other Contacts Numbers

Please list individuals to contact in the event that parents cannot be reached.

Name _____ Number _____ Relationship to Child _____

Name _____ Number _____ Relationship to Child _____

Name _____ Number _____ Relationship to Child _____

In the Event of an Emergency

Camp staff will act in the best interest of the child. We will call 911 and request that the child be transported to the closest emergency room.

Your signature acknowledges your agreement with this policy.

 Parent Signature _____ Date _____

I.H.M. Camp Program

Medical Information

Please list specific medical issues of which camp staff should be aware (food and other allergies, the need for inhalers, chronic conditions, etc.) If your child takes medication during school hours, or has an inhaler at school, please indicate this below.

1. Child's Name _____ Medical Concern _____

Medication/Instructions _____

2. Child's Name _____ Medical Concern _____

Medication/Instructions _____

3. Child's Name _____ Medical Concern _____

Medication/Instructions _____

Parent Signed Releases

MOVIES: I hereby give my permission for my child to watch G and PG rated movies.

BEHAVIOR: I have read and understand the Camp Program behavioral expectations.

 Parent Signature _____ Date _____

RELEASE: The following individuals may sign my child(ren) out of the Camp Program.

1. _____ 2. _____ 3. _____
(Mother) (Father) ()

4. _____ 5. _____ 6. _____
() () ()

 Parent Signature _____ Date _____

LIST NAMES OF INDIVIDUALS WITH CUSTODY OR VISITATION ISSUES OF WHICH CARES STAFF SHOULD BE AWARE.
ATTACH SUPPORTING DOCUMENTATION IF NECESSARY. (i.e. court orders)
