

Friendship Circle's Camp Kindness 2018

New Albany, Ohio

Registration Form

CAMPER INFORMATION

Camper's Name		M / F	Age	DOB	
Grade Entering in Fall	School attended spring of '18	School attending fall of '18			
Email Address					
Street Address		City / State / Zip			
What extracurricular activities does your child enjoy?					
Is there anything special we should know about your child to make his/her time at camp more fun?					

PARENT INFORMATION

ADULT #1	Name	Home Phone
	Street Address • City • State Zip (if different from above)	Office Phone
	Email Address (if different than above)	Mobile Phone
ADULT #2	Name	Home Phone
	Street Address • City • State Zip (if different from above)	Office Phone
	Address (if different than above)	Mobile Phone

Please indicate relationship to child if guardian is other than Mother or Father

EMERGENCY CONTACT INFORMATION

Emergency Contact #1	Relationship to Child	Home Phone
Address	Office Phone	Mobile Phone
Emergency Contact #2	Relationship to Child	Home Phone
Address	Office Phone	Mobile Phone
Physician or Medical Facility (name)		
Address	Phone	

EMERGENCY CONTACT INFORMATION

Insurance Company

Phone

Preferred Hospital

Dentist or Clinic

Address

Phone

HEALTH HISTORY

List any serious illnesses or operations your child has had: (if needed, continue on second paper.)

Medications: name and dosage

Does your child have any allergies? Yes No

If yes, please describe them and indicate special precautions or care needed.

Does your child have a history of...

Frequent Ear Infections

Heart Defect/Disease

Convulsions

Insect Sting Allergy

Diabetes

Bleeding/Clotting Disorders

Chicken Pox

Penicillin Allergy

Measles

German Measles

Mumps

Physical Handicap

Asthma

Hay Fever

Poison Ivy

Other problems (describe) _____

If you checked any of these items, please describe any special emergency care instructions or other information needed by the child's care staff/provider:

Chronic or recurring illnesses (not listed above):

Any specific activities that should be discouraged?

Parent's Signature

Date

PARENT CONSENT INFORMATION

I hereby give my consent for emergency medical treatment, to be used only if I cannot be reached immediately.

Parent's Signature

Date

I hereby give my consent for my child (listed above) to receive prescribed medications during camp hours when regular attendance at camp would be impossible without the medication. Signing below will indicate that I have released all persons affiliated with Friendship Circle from all liability for damages resulting directly or indirectly from this authorization. (Prescription medications section of this form must be filled out completely and a physician's statement must accompany medication.)

Parent's Signature

Date

All medications must be sent to the school in the container in which they were dispensed by the prescribing physician or licensed pharmacist.