

Sunnyside Children's Camp Registration Form

Child's Name _____ M/F (Circle)

Address _____

City _____ State _____ Zip _____

Home Phone# _____

Age _____ Date of Birth _____

Grade completed as of June 2017 _____

Parents'/Guardians' Names _____

Other numbers where parents/guardians may be reached (work, cell, etc.)

ALTERNATIVE CONTACT - for emergency and you cannot be contacted:

Name/Relationship _____

Phone Number(s) _____

MEDICAL INFORMATION

Is your child up to date on their immunizations? _____

ALLERGIES:

(Please write "none" if no allergies) _____

MEDICATIONS List below, with doses and times

(Please write "none" if child does not take any medication.)

MEDICAL CONDITIONS (including ADHD)

(Please write "none" if no medical conditions exist.)

Physician name and number _____

Insurance name and policy _____

Permission Form

Camp Permission Form

I give my permission for _____ to take part in Sunnyside’s Summer Camp. This child, to the best of my knowledge, is in good physical condition and is capable of participating in camp activities. I understand that tubing and other activities associated with an outdoor camp have an inherent risk factor, and that all appropriate precautions will be taken for the safety of my child. I give my permission to the staff and/or hospital staff to administer proper medical assistance to the above named participant.

Parent or Guardian (Please Print)

Parent or Guardian (Signature) Date _____