



Concordia Lutheran School Summer Camp 2016-Application Form



Child
First _____ Middle _____ Last _____ Gender: Male _ Female_
School _____ Grade _____ Birth date __/__/____ Age ____
Street Address _____
Town/City _____ State ____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State ____ Zip Code _____ Home Phone _____
Work Phone _____ Cell phone _____ E-Mail _____
Employer _____ Occupation _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State ____ Zip code _____ Home Phone _____
Work Phone _____ Cell phone _____ E-mail _____
Employer _____ Occupation _____

Child lives with: _____
Person responsible for payment _____

Emergency Contact Information - Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____
Work Phone _____ Cell Phone _____ Email _____
Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____
Work Phone _____ Cell Phone _____ Email _____
Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____
3: _____ 4: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____ Phone _____

Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

***The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.*

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. Parent's/Guardian's Initials _____

Office Use Only: Registration: _____ Cash/Ck# _____ Date: _____
--