

**Camp Keyspot 2017**

**Emergency/Medical Contact Information and Activity Permission Slip for a Child**

Child's Name

Date of Birth

Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

Cell/Work Phone 1

Cell/Work Phone 2

Cell/Work Phone 1

Cell/Work Phone 2

Email

Email

Address

Address

City, ST ZIP Code

City, ST ZIP Code

**Alternative Emergency Contacts**

Primary Emergency Contact

Secondary Emergency Contact

Cell/Work Phone

Cell/Work Phone

Cell/Work Phone

Cell/Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

**Medical Information**

Allergies/Special Health Considerations:

Physician's Name

Phone Number \_\_\_\_\_

Insurance Company

Policy Number \_\_\_\_\_

Dentist Name

Phone Number

Dental Insurance Name

Policy Number

### Child Release Authorization

In addition to the names listed above, your child will only be released to adults you authorize. Please use the space below to list additional names of adults authorized to take your child from Murwood Keyspot, Inc.

Adult Name

Cell/Work Phone

Adult Name

Cell/Work Phone

Adult Name

Cell/Work Phone

Adult Name

Cell/Work Phone

Adult Name

Cell/Work Phone

### Swimming Experience and Ability

Has your child had swimming lessons: y or n

Rate your child's swimming ability:

Diving Board Permission:

Check the one that best describes your child:

My child is a strong swimmer and has permission to jump/dive off a diving board into the deep end of a pool:

non-swimmer

beginner

yes

no

moderate

strong

### Parent/Guardian Authorization

The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representative to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representatives to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorize the Murwood Keyspot, Inc. staff to apply sunscreen to my child's exposed skin on an as needed basis – if the child asks for assistance. All photos that are taken of my child may be used for promotional purposes.

I give permission for my child to go on field trips. I release Murwood Keyspot, Inc. and individuals from liability in case of accident during activities related to Murwood Keyspot, Inc., as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date