Camp Keyspot 2019

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

Child's Name	Date of Birth	
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	

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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.

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Adult Name	Cell/Work Phone	
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Adult Name	Cell/Work Phone	
Adult Name	Cell/Work Phone	
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Adult Name		
	() Cell/Work Phone	
Adult Name	()	
	Cell/Work Phone	
Swimming Experience and Ability		
Has your child had swimming lessons:	es I No	
Rate your child's swimming ability:	Diving Board Permission:	
check the one that best describes your child:	My child has permission to jump/dive off a diving board into the deep end of a pool:	
# non-swimmer # beginner	# yes # no	
♯ strong ‡ expert		
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	