



Camp Keyspot 2020

Emergency/Medical Contact Information

Child & Primary Contact Information			
Child's Name:		Date of Birth:	
Parent/Guardian (1):			
Home Address:			
Primary Phone #:		Secondary Phone #:	
Parent/Guardian (2):			
Home Address:			
Primary Phone #:		Secondary Phone #:	

Medical/Dental Information			
Physician's Name:		Phone Number:	
Insurance Company:		Policy Number:	
Dentist's Name:		Phone Number:	
Dental Insurance:		Policy Number:	
Allergies/Special Health Considerations:			

Swimming Experience & Ability
Rate your child's swimming ability: <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginner <input type="checkbox"/> Moderate <input type="checkbox"/> Strong
Has your child had swim lessons? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have permission to go off the diving board? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Pick Up Information & Permission Slip

Alternative Emergency Contacts			
Emergency Contact (1):			
Primary Phone #:		Secondary Phone #:	
Home Address:			
Emergency Contact (1):			
Primary Phone #:		Secondary Phone #:	
Home Address:			

Child Release Authorization			
<p>In addition to the emergency contacts listed above, your child will only be released to adults with your authorization and a picture ID. Please use the space below to list the names of additional adults authorized to pick up your child from Keyspot.</p>			
Authorized Adult (1):			
Primary Phone #:		Secondary Phone #:	
Authorized Adult (2):			
Primary Phone #:		Secondary Phone #:	
Authorized Adult (3):			
Primary Phone #:		Secondary Phone #:	
Authorized Adult (4):			
Primary Phone #:		Secondary Phone #:	

Parent/Guardian Authorization			
<p>The information provided is correct to the best of my knowledge. My child has my permission to engage in all camp activities, except if noted by me. I give permission for my child to go on field trips.</p> <p>I authorize the Murwood Keyspot, Inc. staff to apply sunscreen to my child's exposed skin if my child asks for assistance and on an as needed basis. I will inform Murwood Keyspot of any and all allergies/sensitivities to sunscreen my child may have.</p> <p>In the case of sickness or accident, I give permission to the medical personnel selected by the camp representative to order x-rays, routine tests, treatment, dental work, and necessary transportation for my child at my expense. If I cannot be reached in an emergency, I give permission to the physician selected by the camp representatives to secure and administer treatment, including hospitalization, for my child as named above.</p> <p>This form may be photocopied for use away from the main program site. All photos that are taken of my child may be used for promotional purposes.</p> <p>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.</p>			
Parent/Guardian Signature:			Date: