

Camp Keyspot Permission & Emergency Information Form 2011

Child's Name _____ Male/Female _____ Date of Birth _____

Home Address _____ Home Phone _____

Parent/Guardian 1 _____ Day/Cell # _____ Email _____

Parent/Guardian 2 _____ Day/Cell # _____ Email _____

Emergency Contact Information

Name _____ Relationship _____ Day/Cell # _____

Name _____ Relationship _____ Day/Cell # _____

Name _____ Relationship _____ Day/Cell # _____

Medical Doctor Name _____ Phone # _____ Policy # _____

Dentist Name _____ Phone # _____ Policy # _____

Health and Allergy Information (check all that apply) Hay Fever Poison Ivy/Oak Asthma

Foods _____ Insects/ bugs _____ Medications _____

Any other conditions we should be aware of? _____

Swimming Experience & Ability Has your child had swimming lessons? Yes No

Rate your child's ability: Strong Beginner Non-swimmer

Does your child have permission to jump off a diving board in the deep end of a pool? Yes No

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 you child from camp)

Name _____ Relationship _____ Day/Cell # _____

Name _____ Relationship _____ Day/Cell # _____

Name _____ Relationship _____ Day/Cell # _____

Parent Authorization/Medical Release for: Child's Name _____

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-ays, 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 sun screen to my child's exposed skin on and as needed basis – if the child needs assistance. All photos that are taken of my child may be used for promotional purposes.

Parent/Guardian Signature _____ Date _____

Please complete separate forms for each child