|  |  |
| --- | --- |
| **Camp(s)** |  |
| **Dates of Camp(s):** |  |
| **Camper Name:** |  |
| **Age:** |  |
| **Gender Identity:** |  |
| **Grade in Fall:** |  |
| **Issues to be aware of (i.e. food allergies, behavioral, etc.):** |  |
| **Authorized Person(s) for Pick-Up:** |  |

**Parent/Guardian Information**

|  |  |
| --- | --- |
| **Parent/ Guardian Names:** |  |
| **Relation to Camper:** |  |
| **Home Address:** |  |
| **Home Phone:** |  |
| **Alternate Phone:** |  |
| **Email:** |  |

**Emergency Information**

If I cannot be reached in the event of an emergency, please contact:

|  |  |
| --- | --- |
| **Alternate Contact:** |  |
| **Relation to Camper:** |  |
| **Home Phone:** |  |
| **Alternate Phone:** |  |
| **Child’s Doctor:** | **Doctor’s Phone:** |
| **Allergies:** |  |
| **Medical Concerns:** |  |
| **Special Needs:** |  |
| I give permission to the interpretive staff at Historic Cahill School Summer Day Camp to take whatever emergency, first aid, or disaster evacuation measures are deemed necessary for the care and protection of my child while attending camp. It is understood that in some medical situations the staff may have to contact local emergency resources. In case of a medical emergency, I understand that my child will be transported to the nearest hospital by the local police, rescue squad or ambulance if it is deemed necessary. In any such event the staff will contact the child’s parent, guardian, physician, or other adult acting on the parent’s behalf. | |
| **Signature of Parent Guardian:** | **Date:** |

For the safety of your child, the interpretive staff at Historic Cahill School will release your child only to those listed below, in addition to yourself. Please inform them that they may be asked to show a Photo ID/Driver’s License.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Phone:** |  |
| **Name:** |  | **Phone:** |  |
| **Name:** |  | **Phone:** |  |

**Under no circumstances is my child to be released to:**

|  |  |
| --- | --- |
| **Name:** |  |

**Send completed forms to** [**museum@edinahistoricalsociety.org**](mailto:museum@edinahistoricalsociety.org) **no later than June 1st.**