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Northwest Primary School Summer Camp 2011

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Age _____ Birthdate _____

Telephone _____

Address _____ Cell phone _____

Work Place _____ Telephone _____

Parent Name _____ Telephone _____

Address _____ Cell phone _____

Work Place _____ Telephone _____

Grade (in fall) _____ Gender M F BUS NO YES CAR NO YES

T- Shirt Size: Child S M L XL Adult S M

Emergency Contact Person _____ Telephone _____

Emergency Contact Person _____ Telephone _____

Emergency Contact Person _____ Telephone _____

Health problems/illnesses: (Specific limitations and instructions)

Allergies: (Bee stings, asthma, foods, epi-pen, inhalers, be specific)

Prescription Medications: (What, when, how much with a physician's written order on bottle)

Permission to administer: _____ Tylenol _____ Antacid _____ cough preparations

Physician _____ Dentist _____

In case of accident or illness, I request the Tapestry Program to contact me. If not able to reach me, I hereby authorize personnel to seek emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

We/I give permission for our child to leave the school building for activities/field trips sponsored by Tapestry from July 5 – August 12, 2011. A calendar specifying the trips will be given to me at the start of the summer program.

We/I give permission for my child to be in photographs and video clips taken during the summer that will be used as displays, appear in the newspapers or PEG TV and at afterschool functions.

We/I give permission for Northwest Primary School to share information regarding my child with the Tapestry Program.

Name of Parent _____

(Please print)

Parent Signature _____ Date _____