

PROGRAM INFORMATION

PROGRAM NAME:

PROGRAM DATES:

PERSONAL INFORMATION

PARTICIPANTS NAME:

BIRTHDATE:

ADDRESS:

Parent or Guardian

Home Phone
Work Phone
Cell Phone

Parent or Guardian

Home Phone
Work Phone
Cell Phone

Participant's Medical Doctor

Phone #

Participant's Dentist

Phone #

Participant's Medical Insurance #:

Emergency Contact #1:

Phone #

Emergency Contact #2:

Phone #

EMERGENCIES

1. It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).
2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to JdF Administration; this consent would go along with your child to the emergency center.

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATELY BE REACHED.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

FIELD TRIPS

By signing below, you are also giving your permission for your child to join us on fieldtrips, arranged through JdF.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

PHOTOS

Sign below if you **DO NOT** want photos of your child (taken in camp) to be used in future promotional materials.

SIGNATURE OF PARENT/GUARDIAN:

DATE: