

YMCA CHRISTENSEN FAMILY CAMP INFORMATION CARD

Child's name _____ Boy Girl Phone _____

Address _____ City _____ Zip _____

Child resides with both parents mother only father only other

Father _____ Address _____ City _____ Zip _____

Place employed _____ Phone _____

Mother _____ Address _____ City _____ Zip _____

Place employed _____ Phone _____

Persons to contact if parent cannot be reached

Persons authorized to pick up child:

1. _____ Phone _____ 1. _____ Phone _____

2. _____ Phone _____ 2. _____ Phone _____

3. _____ Phone _____ 3. _____ Phone _____

Date of birth: _____

Physician: _____ Phone _____ Dentist _____ Phone _____

Allergies _____

*If Allergies- Does your child use an EpiPen? Yes No If yes- please check EpiPen in with camp staff

Medications _____

Will these need to be dispensed while at camp? Yes No

Time Meds need to be administered _____

Dosage/Directions _____

State any information you think is important to your child's health and welfare: _____

I authorize the YMCA to take my child on all field trips, whether by bus or by walking during any of the days at the YMCA camp. In the event of an emergency I authorize any medical treatment that may be needed. I understand that I will be contacted first and this waiver will only by necessary if I or the emergency contact cannot be reached.

I do _____ do not _____ give my consent for camp staff to administer the above medications as directed

I do _____ do not _____ give my permission to use any photographs or video of my child.

Parent or guardian signature _____ **Date** _____