



# Slumber Under the Sea Un-chaperoned Child Information

(Please Print Clearly)

Attendee's Name: \_\_\_\_\_ Male  Female  Birthday (M/D/Y): \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ Grade in Fall 2006 \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

### Child Release Authorization

Other person(s) **authorized** to pick up child from Sleepover (your child will be released **only** to the authorized persons on this list; ID will be required at time of pick-up):

Name	Phone Number	Driver's License
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Emergency Contact

Someone who can reach and/or act for you if you are not available; please inform this person of their responsibility:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### Medical History

Any serious injuries, diseases, and operations your child has had:

#### Allergies:

Animals Pollen Hay Fever Insect Stings Medicines/Drugs: \_\_\_\_\_

Foods: \_\_\_\_\_ Other: \_\_\_\_\_

Current Health Conditions requiring medication: \_\_\_\_\_

Special Restrictions/conditions: \_\_\_\_\_

Date of last health examination: \_\_\_\_\_

**This camp is a drug-free site:** All medications (non-prescription and prescription) must be labeled clearly with instructions for use or have a doctor's letter of need. This requirement includes ALL medication including aspirin. Staff may dispense medication ONLY if the parent leaves the medication with instructions and consent form. ALL attendees' medication will be kept in locked storage in the office or refrigerator.

