

BEECH CUMBERLAND PRESBYTERIAN CHURCH
SUMMER DAY CAMP
JUNE 1-17-2010



Child's Name:				Nickname (if any):		
Birthdate:				T-Shirt Size:		
Mother's Name:						
Father's Name:						
Legal Guardian:						
Home Address:						
City:			State			Zip
Home Phone:						
Mother's Work Phone :				Mother's Cell Phone:		
Father's Work Phone :				Father's Cell Phone:		
Guardian's Work Phone:				Guardian's Cell Phone:		

EMERGENCY INFORMATION:

In case of emergency, please list the name(s) of person(s) (other than Director) authorized to act for Parent/Legal Guardian if Parent/Legal Guardian cannot be located:

Name:			Phone:		
Name:			Phone:		
Name:			Phone:		
Doctor's Name:			Phone:		

HEALTH INFORMATION:

1. Does your child have any known allergies to food (i.e., nuts, eggs, etc.); medicine (prescription or over the counter), insects, rubber products, etc.? If so, please list any and all allergies and type of reaction to each substance/item:

Allergy:			Reaction:		
Allergy:			Reaction:		
Allergy:			Reaction:		

2. Does your child have any known medical problems or conditions (i.e., asthma, diabetes, etc.) If so, please list any and all known medical problems or conditions. ****Please note that Beech Cumberland Presbyterian cannot dispense or administer any medication whether prescription or over the counter, to or for your child.:**

Condition:					
Condition:					
Condition:					

PERSONS AUTHORIZED TO PICK UP YOUR CHILD OTHER THAN PARENT OR LEGAL GUARDIAN:

****PLEASE NOTE** -- ANY PERSON OTHER THAN PARENT OR LEGAL GUARDIAN WILL BE REQUIRED TO PRESENT PROOF OF IDENTITY PRIOR TO BEECH CUMBERLAND PRESBYTERIAN CHURCH'S RELEASE OF CHILD TO SAID INDIVIDUAL LISTED BELOW:**

Name:			Relationship:			DOB:		
Name:			Relationship:			DOB:		

COMPLETED BY: _____

DATE: _____

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EMERGENCY TREATMENT PERMISSION

I, _____, as (Natural Parent) (Custodial Parent) (Legal Guardian), hereby give my permission for the Director or her Designee of Beech Cumberland Presbyterian Church, to transport my child, _____, to the nearest medical facility (Hendersonville Hospital) for treatment in the event of an emergency that needs immediate attention.

I understand that I will be notified as soon as possible if such an emergency should occur.

In case of any other type of illness or accident where time is not of the essence, the parent or other authorized person will be notified to come to the church and make the decision concerning treatment.

Signed _____
(Natural Parent, Custodial Parent or Legal Guardian)

Date _____