

CAMP KINGFISHER SEPTEMBER BREAK SESSION 2010 CAMPER HEALTH FORM

******THIS FORM IS DUE SEPTEMBER 13TH******

Child's Name: _____

Gender: Male / Female (circle one) Grade: _____ Age: _____

Session Attending _____ Monday 9/20 – Thursday 9/23
 _____ Monday 9/20 ONLY
 _____ Tuesday 9/21 – Thursday 9/23 ONLY

Parent/Guardian #1 **Name:** _____

Parent/Guardian #2 **Name:** _____

Parent/Guardian #1

Parent/Guardian #2

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

In the event that no parent / guardian can be reached

Emergency Contact Name & Phone: _____

My child will be dropped off or picked up by the following additional drivers:

Name: _____ Phone: _____

Name: _____ Phone: _____

Health Concerns: (Please include any special medications, allergies, or physical limitations.)

*I give the Chattahoochee Nature Center permission to provide my child with first-aid treatment for minor abrasions, minor ailments, insect bites or stings with non-prescription medication such as "Benadryl" or "Tylenol". **Please check: Yes** _____ **No** _____*

I give my permission for my child to participate in the Chattahoochee Nature Center's Camp Kingfisher 2010 September Break Session(s). I understand that safety precautions will be taken during all activities. In the event that an accident does occur, I will not hold the Chattahoochee Nature Center, its employees, volunteers, or Board of Trustees responsible for accidental injuries. If emergency treatment or advice is considered necessary by Chattahoochee Nature Center staff, I understand that the above listed parent or guardian and physician will be notified. If those individuals cannot be reached, I authorize the Chattahoochee Nature Center to arrange whatever emergency treatment is considered necessary. I also hereby grant the Chattahoochee Nature Center the right to take and utilize photographs of my child participating in camp activities for the purpose of promotion and advertising.

Parent/Guardian Signature: _____ Date: _____

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