SIMMONS CENTER

Child Information

Camp Program

Child's Name	Sex	Date of Birth
Name(s) of person(s) and the relationship with whom the child lives		

E-Mail Address	Area Code	Home Phone

Home Street Address	City	State	Zip Code

Mother/Guardian's Place of Employment	Business, Cellular, or Page Phone Number
Father/Guardian's Place of Employment	Business, Cellular, or Page Phone Number

Emergency Contact and Pick Up Permission

In case of emergency, if the parent or guardian cannot be reached, list person(s) to notify, in order of preference and also have permission to pick up child:

Name	Phone

Health Record

Child's Physician or Clinic	Phone

Street Address	City	State	Zip Code

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning? If yes, please describe:

Is your child allergic to any foods, medications, etc.? If yes, please describe:

Describe any special precautions for diet, medication, or activity, if applicable:

I give permission to the Child Care Staff to consult with health and child development professionals regarding my child's needs. Yes ◯ No ◯

I, parent or legal guardian of above named participant(s), give approval for my, his/her participation in any
and all activities during above named program. I assume all risks and hazards incidental to such participation and hereby waive, release, absolve, identify and agree to hold harmless the Simmons Center Foundation, staff, volunteers and organizers for any claim arising out of an injury to the participant(s). I
also grant my permission to the managing personnel or other Simmons Center representatives to authorize and obtain medical clearance from any licensed physician or hospital, should the participant(s) become ill or injured while participating in the Simmons Center Camp program when neither I, parent/guardian or Emergency contact is available to grant authorization for emergency medical treatment.

Signature of Parent/Guardian

Date