

**Shofuso House and Garden Summer Camp 2016**

**Emergency Contact and Medical Form**

Camper Contact Information			
<i>Please fill out one sheet for each child attending camp</i>			
Camper Name:	Age:	Sex:	Date of Birth:
Name of Mother/Guardian:			
Address:			
City :	State:	Zip	
Daytime/Work Phone:	Evening Phone:	Cell Phone:	
Name of Father/Guardian:			
Address:			
City :	State:	Zip	
Daytime/Work Phone:	Evening Phone:	Cell Phone:	
Emergency Contact Name:		Emergency Contact Number:	
I give permission for the following individuals to pick up my child:			
Name:		Number:	
Name:		Number:	
Medical Information			
Child's Physician/Medical Care Provider	Physician Phone	Physician Address	
Health Insurance Coverage for Child:			
Allergies:			
Additional Information:			
<b>**Parent's Signature Required for Each Item Below to Indicate Consent **</b>			
Obtaining Emergency Medical Care			
Signature: _____		Date: _____	
Application of Minor First-Aid Procedures (band-aid, bee sting treatment, no oral medications)			
Signature: _____		Date: _____	