

# CAMP CALVARY

## PARENT'S CONTRACT

Student(s)' Name	Birthdate MO / DAY / YEAR	Allergies, Conditions or Physical Defects	Grade Entering	Sex	Start Date

Parent/Guardian: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

### EMERGENCY/MEDICAL CARE

If there is an accident or emergency, we may be contacted at our place of employment or if you cannot reach us, please call the emergency contact name:

Emergency Contact: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

I/We authorize Camp Calvary to secure emergency medical care for my child(ren) when we cannot be reached. Our family physician is \_\_\_\_\_ (phone \_\_\_\_\_) and our hospital preference is \_\_\_\_\_.

I/We also authorize Camp Calvary to administer prescribed medicines to my child as specified. Yes \_\_\_\_\_ No \_\_\_\_\_

I/We hereby give permission for Camp Calvary staff to administer aspirin-free tablets as follows to my child when necessary.

Yes \_\_\_\_\_ No \_\_\_\_\_ # of tablets \_\_\_\_ Children's Strength \_\_\_\_\_ Adult Strength \_\_\_\_\_

### CHILD PICK-UP

I/We authorize those listed below to pick up our child if we are unavailable.

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

*If there are any changes, please notify Camp Calvary in writing.*

I/We have received, read, and consent to the statements in the Camp Calvary Agreement concerning the care of my child(ren):

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_