

CHRIST LUTHERAN CHURCH
2009 SUMMER CAMP AUTHORIZATION FORM

Child's Last Name _____ First Name _____ DOB _____

Emergency

I hereby give permission to Christ Lutheran Preschool to call or take my child, _____, to a doctor for medical or surgical care should any emergency arise. I also give permission to Christ Lutheran Preschool to take my child to the local hospital emergency room and give the doctors at the hospital permission to administer medical or surgical care if necessary. It is understood that a conscientious effort will be made to locate me or my husband/wife, _____, before any action is taken, but if it is not possible to locate us, this expense will be accepted by us.

Physician's Name _____ Phone _____

Physician's Address _____
Street _____ City _____ Zip _____

Dentist's Name _____

Dentist's Address _____
Street _____ City _____ Zip _____

Hospital of Choice _____

(Please specify)

Hospital Address _____
Street _____ City _____ Zip _____

Describe any allergies and/or handicaps _____

Emergency Pick-Up

The following persons are authorized to pick my child up from Christ Lutheran Preschool in case of an emergency:

Emergency Contact #1 _____ Phone _____

Address _____
Street _____ City _____ Zip _____

Relationship to Child _____

Emergency Contact #2 _____ Phone _____

Address _____
Street _____ City _____ Zip _____

Relationship to Child _____

Transportation (Car pool pick-up and drop-off)

Authorized Pick-Up Person #1 _____ Phone _____

Address _____
Street _____ City _____ Zip _____

Relationship to Child _____

Authorized Pick-Up Person #2 _____ Phone _____

Address _____
Street _____ City _____ Zip _____

Relationship to Child _____

Parent's Signature _____ **Date** _____

CHRIST LUTHERAN CHURCH
2009 SUMMER CAMP PERSONAL INFORMATION FORM

Child's Last Name _____ First _____
Name your child wants to be called at school _____
Child's Address _____
City _____ Zip Code _____ Phone # _____
Date of Birth _____ Sex _____ M _____ F

Mother's Name _____
Cell Phone # _____
Email Address _____
Mother's Occupation _____
Mother's Place of Employment _____
Mother's Work Phone # _____

Father's Name _____
Cell Phone # _____
Email Address _____
Father's Occupation _____
Father's Place of Employment _____
Father's Work Phone # _____

Siblings attending Christ Lutheran Church Summer Camp

Marital Status: Married _____ Divorced _____ Single Parent _____
If divorced, who has legal custody? _____
May the non-custodial parent/guardian pick up the child? _____

List any significant health problems your child has, such as allergies,
diabetes, seizures, or other chronic illnesses _____

Does your child have any physical limitations? Yes _____ No _____
Is your child taking any medications at this time? Yes _____ No _____
If yes, please list medication and reason for taking the medication _____

Parent Signature

Date