

The Manor Montessori Summer Day Camp 2020

Emergency information

Please fill out the information and return it with your camp application.

This Information is for the teacher's use and will travel with the class on all activities to the playground and on any trips outside of the school such as a field trip or an emergency evacuation.

Name of Child: _____ Today's Date: _____
Birthday: _____ Age: _____

Home Address: _____
City: _____ State: _____ zip: _____

Home Phone: _____ email: _____

Parent or Legal Guardian Contact Name: _____
phone: _____
Work Phone: _____ Place of work: _____

2nd Parent or Legal Guardian Contact Name: _____
Phone: _____
Work Phone: _____ Place of work: _____

Name of a family member or friend that can be called in an **emergency**.

Name: _____ home: _____ cell: _____
work phone: - _____ other: _____

Name: _____ home: _____ cell: _____
work phone: _____ other: _____

Name Primary Care Physician or provider: _____
Phone: _____

Are there any health problems including physical, psychiatric, or behavioral problems in which we need to be aware of?

Are there any emergency medications, dietary restrictions, allergies, or special need that we need to be aware of to ensure that your child's camp experience is positive? Please circle one: No or Yes
If Yes, explain: _____

The following people have permission to pick up my child at any time. This includes an emergency:

Name: _____ Phone: _____
Name: _____ Phone: _____

My child attends a licensed child care center or school and is up to date on immunizations. The name of the school / center is _____ **Parent signature:** _____

If your child does not attend a school or child care center in the United States, you must provide a copy of a health innovatory and immunization record to attend camp.

Swimming skills: (circle one) non-swimmer treads water only skilled swimmer (Potomac Location only)

