

Child Admission Form

Date Admitted _____

Child's complete name _____

Date of Birth _____

Mailing Address _____

Home Phone _____

Home Address _____

Email Address _____

PARENT/GUARDIAN INFORMATION (this refers to the caretakers with whom the child resides)

Full Name _____ Where Employed _____

Relationship to Child _____ Work Phone _____

Full Name _____ Where Employed _____

Relationship to Child _____ Work Phone _____

EMERGENCY INFORMATION (this must be a person who can pick up the child if caretaker cannot be reached)

Full Name _____ Telephone _____

Full Name _____ Telephone _____

MEDICAL INFORMATION

Doctor's Name _____ Telephone _____

Dentist's Name _____ Telephone _____

In the event that _____ becomes ill or injured, I give permission to the staff of Camp Laughing Turtle to seek and authorize emergency medical care in the even that I cannot be contacted.

Parent/Guardian Signature _____ Date _____

If your child has any allergies to food or medicine, takes medicine or has any special dietary requirement please describe _____

Permissions: Tylenol Yes ___ No ___ Sunscreen Yes ___ No ___ Insect Repellent Yes ___ No ___

All medications will require specific permissions, application direction and must be sent in original containers. All meds will be held by and administered by CLT Staff.

Parent/Guardian Signature _____ Date _____

FIELD TRIPS

I give permission for _____ to participate in field trips under proper supervision.

Parent/Guardian Signature _____ Date _____

SWIMMING

I give permission for _____ to swim in wading pool, pool, pond, river or stream with appropriate staff supervision.

Parent/Guardian Signature _____ Date _____

Please share any other information that may be helpful to us as we care for your child, I.e. playing, eating, sleeping habits, fears, likes, dislikes etc. (use back side of form if necessary) _____