

CHILD'S APPLICATION FOR CAMP MUSART

To be completed and placed on file

Name of Child _____, Birth Date _____
(Last) (First) (MI)

Address _____, Zip Code _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____, Home Phone _____

Address _____, Zip Code _____

Where Employed _____, Business Phone _____

E-Mail Address _____, Cell Phone _____

Mother/Guardian's Name _____, Home Phone _____

Address _____, Zip Code _____

Where Employed _____, Business Phone _____

E-Mail Address _____, Cell Phone _____

INSURANCE CARRIER _____ POLICY# _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No _____ Yes _____

Please Explain: _____

Please give any information concerning your child, which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes).

EMERGENCY CARE INFORMATION:

Name of Child's doctor _____, Office Phone _____

Name of Child's dentist _____, Office Phone _____

Hospital Preference in case of Emergency _____

If neither Father nor Mother (or Guardian) can be contacted, call:

Name: _____, Relationship: _____, Home Phone _____

Name: _____, Relationship: _____, Home Phone _____

If you cannot come for your child, please give the names of persons to whom the child can be released with proper picture ID and your CODE word:

Code Word: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

(Date)