

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
 Ethnicity _____ Race _____ Grade _____ Birth date ____/____/____ Age _____
 Does child receive free lunch? _____ No. of children in home _____ No. of Adults in home _____ Household structure:
 Single head of house hold; Relative/Kinship care; Dual 2 parent Dual 2 parent Relative/Kinship
 Highest level of Education: HS Diploma; GED; Some College; Bachelors; Master; Doctorate; other _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
 Cell phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Home Phone _____
 Cell phone _____ E-mail _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
 Primary Physician _____
 Address _____
 Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

Camper Name: _____ Upward Kids Summer Camp Registration Form 2021 Age: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Upward Kids or Bethesda Ministries will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed while attending **Upward Kids Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Upward Kids Summer Camp and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Upward Kids Summer Camp** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Upward Kids Summer Camp and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. **I understand that no fees will be refunded or transferred.** Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____