

Please fill out one form for each child.

## Circle which camp(s) your child will be attending:

(All camps run from 9:00 a.m. to 1:00 p.m.)

Elementary: Art Music COOKING

Preschool: Art Music COOKING

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age/Grade in Sept. 2018 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Email Address \_\_\_\_\_

Does your child have any health/allergy needs? \_\_\_\_\_

### Parent/Guardian Information

Mother's name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's name \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

I, \_\_\_\_\_ do hereby authorize DUMC Summer Camp Staff to implement emergency medical care and authorize my child to be transported to the nearest hospital if urgency is determined by emergency medical personnel.

### Pickup Authorization

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

I, \_\_\_\_\_ give my permission, as parent/guardian that the emergency contacts and the above listed individuals are permitted to pick up my child, if I am unable.

### Photo Permission

I give permission for DUMC to use photos that contain my child for classroom & hallway displays, DUMC website purposes and the DUMC Facebook account.

I DO NOT give permission for DUMC to use photos that contain my child.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_