CAMPER INFORMATION				
Last Name	First Name		D.O.B.	Age
			, ,	
Address		City/State/Zip	/	<u> </u>
nuur css		Gity/ State/ Zip		
PARENT/GUARDIAN INFORMATION				
Father/Guardian Name		Work	Cell	
Mother/Guardian Name		Work	Cell	
EMERGENCY CONTACT Emergency Contact 1 - Name	Work	Cell	Relationship	
Elliergency Contact 1 - Name	WOIK	Cen	Relationship	
Emergency Contact 2 – Name	Work	Cell	Relationship	
Dhoot day on Madical Facilities	Phone	Address		
Physician or Medical Facility	Phone	Address	Addiess	
HEALTH HISTORY				
List any serious illnesses within the past six months:				
Does your child have any allergies?   Yes   No  If yes, please describe them and indicate precautions or care needed.				
if yes, pieuse describe them and indicate precautions of care needed.				
Does your child take any medications? □Yes □No If yes, please describe them and indicate precautions or care needed.				
if yes, please describe them and indicate precautions of care needed.				
Does your child have a history of				
□Physical handicaps □Rheumatic Fever □Heart Problems □Seizures □Asthma □Diabetes				
Di nysicai nanuicaps — Enticumatic i ever — Enteart i robienis — Escizares — Ensuma — Eblabetes				
□Other conditions (describe)				
If you checked any of these items, please describe any special emergency care instructions or other information needed by the child's care staff/provider.				
needed by the third's tare stair/provider.				
CONSENT				
☐ In the event of an emergency, serious illness, or accident, KIA Summer Program has my permission to arrange for any				
necessary first-aid or care by a licensed physician for my child(ren) while he/she is attending camp.				
PARENT OR GUARDIAN		DATE		