

CAMPER INFORMATION			
Last Name	First Name	D.O.B. ____/____/____	Age
Address		City/State/Zip	
PARENT/GUARDIAN INFORMATION			
Father/Guardian Name	Work	Cell	
Mother/Guardian Name	Work	Cell	
EMERGENCY CONTACT			
Emergency Contact 1 - Name	Work	Cell	Relationship
Emergency Contact 2 - Name	Work	Cell	Relationship
Physician or Medical Facility	Phone	Address	
HEALTH HISTORY			
List any serious illnesses within the past six months:			
Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe them and indicate precautions or care needed.			
Does your child take any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe them and indicate precautions or care needed.			
Does your child have a history of <input type="checkbox"/> Physical handicaps <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Heart Problems <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> 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.			
CONSENT			
<input type="checkbox"/> 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	