

KCC Summer Day Camp Emergency Card

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in fall \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Allergies or Health Problems: \_\_\_\_\_

Special Emergency Procedures if any: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

My child has my permission to take part in all Day Camp activities and excursions. In an emergency, I consent to have my child being treated at an emergency hospital. I also agree to save and hold harmless the Kensington Community Service District, its employees, agents, or representatives, and the Kensington Community Council from any liability resulting from the child's participation in programs or activities sponsored by them.

\_\_\_\_\_  
Parent/Guardian's Signature Date

Please check one of the following statements below:

\_\_\_\_\_ My child can walk/bike to and from camp without a parent.

\_\_\_\_\_ **My child cannot walk/bike to and from camp without a parent**

Due to increasing problems with children dropped off early or picked up late at KCC Day Camp, \$15 will be charged for each 15 minutes—or fraction thereof, if my child is dropped off early or picked up late. I have read and understand the early drop off/late pick up charge.

\_\_\_\_\_ (Signature)

Authorized Persons to Pick Up Child:

\_\_\_\_\_  
Print Name Phone

\_\_\_\_\_  
Print Name Phone

In case of an emergency, these people are authorized to give permission for emergency medical treatment for my child. If you cannot reach them, or me I authorize the KCC staff to take such action as they deem necessary, including treatment of my child by a physician, nurse, or at a hospital or other facility.

\_\_\_\_\_  
Parent's Signature Date