



# Adaptive Summer Camp

## Child Information Sheet

(Please complete a separate form for each child)

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Parents Name(s) \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Student's Food Allergies

\_\_\_\_\_

Other allergies/health conditions (please be specific in listing allergies, conditions, and reactions):

\_\_\_\_\_

If your child is on any medications,\* please list them:

\_\_\_\_\_

During the camp, we may be taking photos of the students as they participate in activities. Please check the boxes for the categories that you give us consent to use the photos in promoting and advertising Access Arts' programs:

Print  Web  Promotional displays at events

In the event of an emergency, do you give permission for your child to receive medical treatment?\*\*\*

Yes  No

In case of an emergency, please tell us who to contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please select the camp(s) you are registering for:

July 8-12: Winged Sensations (morning)  July 29- Aug 2: Fish in a Tree (morning)  
 July 8-12: Winged Sensations. (afternoon)  July 29- Aug 2: Fish in a Tree (afternoon)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Access Arts staff and volunteers will not administer any medications. In the event of an emergency, this information will be given to medical personnel

\*\*Access Arts does not provide medical insurance for camp participants. Parents or caregivers are responsible for providing such insurance and for payment of any medical expenses for a child not covered by insurance.