



# Old Homosassa's Learning Center Summer Camp

## Registration Form

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Contact # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Contact # \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Camper will be picked up by \_\_\_\_\_ Relation \_\_\_\_\_ # \_\_\_\_\_

Camper will be picked up by \_\_\_\_\_ Relation \_\_\_\_\_ # \_\_\_\_\_

Camper will be picked up by \_\_\_\_\_ Relation \_\_\_\_\_ # \_\_\_\_\_

Camper will be picked up by \_\_\_\_\_ Relation \_\_\_\_\_ # \_\_\_\_\_

\*Camper will not be allowed to leave with someone NOT listed above unless verbal confirmation if given by parent.\*

Camper is allowed to walk home  Yes  No

### Is your child being treated for any of the following?

Diabetes  Yes  No Hemophilia or bleeding disorder  Yes  No

Asthma  Yes  No Epilepsy or Seizures  Yes  No

Is your child taking medication?  Yes  No

### If yes:

Prescription Medication: \_\_\_\_\_

Non-prescription Medication: \_\_\_\_\_

\*All medication must be in original pharmacy container/bottle and labeled with appropriate medication label and times for administration must be noted.\*

Does your child have allergies?  Yes  No If yes, specify: \_\_\_\_\_

PARENT/GUIARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_