

# FAMILY INFORMATION & PERMISSION FORM IC3 SUMMER CAMP 2019



Today's Date: \_\_\_\_\_

Child's First Name \_\_\_\_\_

Child's Last Name \_\_\_\_\_

Birth date \_\_\_\_\_

Gender \_\_\_\_\_

Home Address \_\_\_\_\_

Weeks Enrolled:

- ☐ Week 1: July 1- July 3  
☐ Week 2: July 8- July 12  
☐ Week 3: July 15- July 19  
☐ Week 4: July 22- July 26

Child lives with: [ ] both parents  
[ ] other:

- ☐ Week 5: July 29-August 2  
☐ Week 6: August 5- August 9  
☐ Week 7: August 12- August 16  
☐ Week 8: August 19- August 23  
☐ Week 9: August 26- August 30

Parent 1's Name \_\_\_\_\_ Parent 1's Birth Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Company \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent 1's Home Address (if different from child's) \_\_\_\_\_

Parent 2's Name \_\_\_\_\_ Parent 2's Birth Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Company \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent 2's Home Address (if different from child's) \_\_\_\_\_

## **EMERGENCY CONTACTS**

List 2 persons other than parents (1 must be in the local area). Please discuss with them their responsibilities as emergency contacts. The emergency contacts you choose must be available and authorized by you to pick up your child in the event neither parent can be reached (for example, if your child becomes ill or the program must close early).

(1) Contact #1 Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Mobile Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

(2) Contact #2 Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Mobile Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

**OVER**

Does your child take any medications? If so, what and when?

(Please refer to the medication policy-Prescription medications cannot be given without a Written Medication Consent Form Signed by a physician)

Please share any information that will help us meet the needs of your child. Please include special needs or concerns that we should be aware of (Medical, Safety, Mobility, Social, Communication, etc).

Based on these needs, would your child need an accommodation?

Is your child receiving any type of intervention or services at this time? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe the type of intervention services your child currently receives: