

Camp Quest 2011

Sebastopol Christian School

Medical Information and Authorization for Treatment

Camper's Name (please print) _____

Address/City/State/Zip _____

Male ___ Female ___ Birthdate ___/___/___ Age _____ Completed Grade _____

Home Phone # _____

Parent or Guardian Names _____

Parent or Guardian daytime phone _____

Other person for emergency contact _____

Other person's daytime phone # _____

Known allergies -- food, medications, or insect

Any medications, including seasonal allergy medicine _____

NOTE***If your child suffers from seasonal allergies, please send medication WITH THEM. We have Benadryl in the office but it is to be used only in emergency situations, such as a sudden reaction to something. Any medication needs to be handed to the Camp Director or the daycare worker IN THE MORNING along with instructions. CHILDREN ARE NOT PERMITTED TO KEEP MEDICATION IN THEIR BACKPACKS!

Last Tetanus booster: ___/___/___

Any physical/medical limitations _____

Is it O.K. to give your child Tylenol? Yes ___ No ___

Name of family doctor _____ Phone _____

Medical Treatment Release

We, the parents/guardians of the above named camper, hereby authorize the administration to take any medical treatment deemed necessary by Sebastopol Christian School or a licensed physician. We realize that insurance protection for this child is our responsibility.

Family Insurance Company _____

Father/Male Guardian Signature _____

Mother/Female Guardian Signature _____

Date Signed _____

Please list any other adults who are authorized to pick up your children:

7789 Healdsburg Ave. Sebastopol, CA 95472 * (707) 823-2754

OVER

Camp Quest Field Trip Permission Form

I give my camper, _____, permission to go on all Camp Quest off-campus field trips such as swimming, super playground, etc. during Camp Quest hours. This permission is to be active through the end of Camp Quest, August 19, 2011

Parent/Guardian Signature _____

Date Signed _____