

Contact Information:

Child's Name: _____

Birthdate: _____

Parent/Guardian (1): _____

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Address: _____

Parent/Guardian (2): _____

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Address: _____

Emergency Contacts:

Name: _____ Relation: _____

Phone: _____

People allowed to pick up your child (other than parent/guardian listed above):

Name: _____ Relation: _____

Phone: _____

*If someone else is picking up your child who isn't on this form, write a note and give to camp staff with name, phone number, relationship to child and date. That person will need to bring ID.

Check all the apply to your child, provide additional information as needed:

- Asthma/Respiratory Condition Hearing Impaired/Deaf Unusual Bleeding
 Diabetes Attention Deficit Disorder Sunburns Easily Developmental Delay
 Seizures

If your child has allergies (bee stings, pollen, food, medication) please list the allergy and reactions for each allergy

Medications (needed onsite?):

Medical Emergency Waiver: In participating in Peace Village 2018, I hereby acknowledge that I understand there are risks of accidents, resulting in bodily harm to my child, arising out of those activities. I hereby acknowledge that my child has the physical capacity reasonably necessary to engage in camp activities. However, I do hereby waive all claims, which I might have against Peace Village, Peace Village, Inc., United Church of Granville, or any of the officers, agents, or employees by reason of bodily injuries that my child might suffer arising out of their participation. In case of emergency, accident or illness, I give my permission to have my child treated by a professional medical person, transported by medical staff and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses incurred on my child's behalf.

Parent/Guardian Signature: _____ Date: _____

Field Trip Waiver: I give permission for the above named child(ren) to participate in supervised neighborhood walks with the Peace Village staff.

Parent/Guardian Signature: _____ Date: _____

Does your child need a Peace Village t-shirt? What size?

What are your hopes for your child at Peace Village?

What is the best way to calm your child if they get upset?

Is there any other information you would like to provide camp staff?
