

SCHOOL'S OUT CAMPS

HEALTH AND PERMISSION FORM

CAMPER INFORMATION

CHILD'S NAME (FIRST LAST)		<input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE / /	GRADE
MEDICAL INFORMATION (ALLERGENS, PHYSICAL CHALLENGES, ETC.)				
GUARDIAN NAME	RELATIONSHIP	PHONE	EMAIL	
GUARDIAN NAME	RELATIONSHIP	PHONE	EMAIL	
EMERGENCY CONTACT (NOT LISTED ABOVE)	RELATIONSHIP	PHONE	EMAIL	
CHILD'S SCHOOL	HOW DID YOU HEAR ABOUT OUR CAMPS			

ADDITIONAL MEDICAL INFORMATION

CHILD PICK-UP INFORMATION

(ANYONE AUTHORIZED TO PICK UP YOUR CHILD OTHER THAN GUARDIANS OR EMERGENCY CONTACTS)

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

GOOD BEHAVIOR PLEDGE

Please read the pledge with your child & sign below.

I pledge to treat the camp classrooms, fellow campers, staff, volunteers & visitors with respect & kindness. I will pick up after myself & do my best to take care of equipment. I will walk & use my inside voice & promise to wear my camp t-shirt during camp sessions. I understand the importance of listening to camp staff & staying with my group. I will try new things & explore all that my camp has to offer!

CHILD'S SIGNATURE

DATE

PHOTO RELEASE

I authorize the Kentucky Science Center to use my child's photograph for education, advertising & marketing purposes. (Sign only if you wish to authorize photographs.)

PARENT/GUARDIAN SIGNATURE

DATE

