

METHODIST TEMPLE DAY CAMP  
Summer 2010

NAME / NAMES \_\_\_\_\_  
AGE \_\_\_\_\_ GRADE(2009-2010) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
WORK NUMBER \_\_\_\_\_ WORK NUMBER \_\_\_\_\_  
CELL NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_  
E-MAIL \_\_\_\_\_

NAMES OF PEOPLE AUTHORIZED TO PICK UP MY CHILD

1. \_\_\_\_\_ PHONE \_\_\_\_\_  
2. \_\_\_\_\_ PHONE \_\_\_\_\_

NAMES OF PEOPLE NOT AUTHORIZED TO PICK UP MY CHILD

1. \_\_\_\_\_  
2. \_\_\_\_\_

PLEASE LIST ANY MEDICAL CONDITIONS, DISABILITIES OR  
BEHAVIOR PROBLEMS WE SHOULD KNOW ABOUT IN ORDER TO  
BETTER UNDERSTAND YOUR CHILD. \_\_\_\_\_  
\_\_\_\_\_

**REGISTRATION DEADLINE –April 15, 2010**

REGISTRATION FEE-\$150.00      Check # \_\_\_\_\_ Date \_\_\_\_\_

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# PERMISSION FORM

MY CHILD \_\_\_\_\_ HAS MY PERMISSION TO ATTEND METHODIST TEMPLE DAY CAMP AND TO ATTEND ALL FIELD TRIPS AND TO TRAVEL BY SCHOOL BUS.

MY CHILD HAS MY PERMISSION TO WATCH PG MOVIES. \_\_\_\_\_

MY CHILD HAS MY PERMISSION TO BE PHOTOGRAPHED BY THE TV STATIONS OR THE NEWSPAPER FOR PUBLICITY PURPOSES. \_\_\_\_\_

THE UNDERSIGNED CERTIFY THEY ARE THE PARENTS OF \_\_\_\_\_ BORN \_\_\_\_\_. THE UNDERSIGNED RECOGNIZES THAT THERE MAY BE CIRCUMSTANCES IN WHICH THE UNDERSIGNED MAY NOT BE ABLE TO GIVE CONSENT FOR MEDICAL TREATMENT OR HOSPITAL CARE FOR SAID CHILD. BY THIS DOCUMENT, THE UNDERSIGNED HEREBY AUTHORIZES A DOCTOR OR DOCTORS SELECTED BY STAFF PERSON IN CHARGE OF METHODIST TEMPLE DAY CAMP, OR DOCTORS ATTACHED TO ANY EMERGENCY ROOM OF A HOSPITAL, TO PERFORM SUCH MEDICAL SERVICES OR PROCEEDURES AS ARE CONSIDERED NECESSARY IN CONNECTION WITH AN INJURY OR ILLNESS A CHILD MAY HAVE, WHEREVER HE OR SHE IS LOCATED, AND IF THE UNDERSIGNED ARE NOT AVAILABLE TO CONSENT AT SAID TIME.

HOSPITAL PREFERENCE \_\_\_\_\_

HEALTH INSURER \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

CHILD'S DOCTOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CHILD'S DENTIST \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CHILD'S MEDICATIONS \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_