

Return to:

LEWIS CENTER SUMMER DAY CAMP

17500 Mana Road, Apple Valley, CA 92307

ATTN: Kay Ardenski

(760) 946-5414, ext. 276 Email: kardenski@lcer.org



2008 PERMISSION AND EMERGENCY CONTACT INFORMATION

Camper's Name _____ **Age:** _____
(Last) (First)

Gender: ___ M ___ F Date of Birth ___ / ___ / ___

Address _____

Permission and Liability Waiver: The camper, named above, has permission to fully participate in all Lewis Center Summer Day Camp activities during the 2008 summer camp session. I, as parent or legal guardian, do hereby grant LCER staff the right to authorize emergency medical treatment for the camper named above in the event that I, or my designated representative, cannot be reached. I agree to hold harmless LCER and its agents from liability arising out of an accident. LCER will call 911 in a life-threatening emergency situation and then contact parents. In a non-emergency situation, LCER will call parents first, and if necessary, designated relatives or friends, then child's physician or paramedics.

Signature: _____ Relationship to camper: _____ Date: _____

Parent/Guardian Information:

1. Parent/Guardian Name: _____ Email: _____

Phone: (H) _____ (W) _____ (Cell) _____

1. Parent/Guardian Name: _____ Email: _____

Phone: (H) _____ (W) _____ (Cell) _____

Names of relatives or friends in the event parents/guardians cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Significant Medical Information:

Child's Physician: _____ Phone: _____

Health Ins. Co. _____ Policy# _____ Insured Name _____

Hospital Preference _____ Chronic Conditions _____

Allergies and other medical or developmental information _____

Date of last tetanus shot _____ Contact lenses? ___ Asthma inhaler? ___

Current Medications _____

Publicity Release: I give permission to the Lewis Center to use my child's photo and/or quotes for public relations purposes.

Parent/Guardian Signature: _____