

Emergency Information for Summer Camp 2009

Reading Session 1 _____

Reading Session 2 _____

Reading Both Sessions _____

Writing _____

Child's name: _____ **DOB:** _____

Parent/Guardian's name(s): _____

Home Phone # _____ **Cell Phone #** _____ **Work #** _____

Person Picking Up Your Child Each Day: _____

Who to Contact in Case of Emergency:

_____ Telephone No. _____

_____ Telephone No. _____

Does your child have allergies, an illness or other conditions the camp nurse should be made aware of?
If so, please explain.

Any student requiring medication or a medical procedure during camp needs to have a doctor's order on file with the camp nurse.

For Special Events at Camp:

My child **has my permission** to have his/her face painted with water-based paints. _____

My child **does not have my permission** to have his/her face painted with water-based paints. _____

Photographs:

My child **has my permission** to be photographed for the newspaper or Burlington Public Schools' use (e.g., Burlington's school website and/or brochures). _____

My child **does not have my permission** to be photographed for the newspaper or Burlington Public Schools'. _____

Computer Use:

My child **has my permission** to access the internet with teacher supervision. _____

My child **does not have my permission** to access the internet with teacher supervision. _____

Parent/Guardian's signature: _____

Date: _____