

# Camp Promiseland

## Enrollment Information 2017

**Child's Name:** \_\_\_\_\_ Circle One: M F

Name child goes by: \_\_\_\_\_ DOB: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/ Guardian with Legal Custody:** \_\_\_\_\_

A copy of the divorce decree with custody agreements must be included with this form. It will be placed in your file and kept confidential. Without these papers, we may not be able to prevent the child from leaving with his/ her non-custodial parent. Custody papers are also needed for any situation where custody has been granted to someone other than biological parents.

**Child lives with (check one):**

\_\_\_\_ both parents \_\_\_\_ Mom \_\_\_\_ Dad \_\_\_\_ Other, Please Specify: \_\_\_\_\_



**Medical/ Emergency Information:**

**Allergies:** \_\_\_\_\_ If yes, please describe allergies and instructions:

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**Medical conditions/ instructions that we should know about:**

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**Does your child take medication regularly?** \_\_\_\_\_ If yes, please list drug and amounts:

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**Hearing loss/ speech difficulties:** \_\_\_\_\_

**Is your child enrolled in therapy? If so, what kind?** \_\_\_\_\_

**Person authorized to act for parent in case of an emergency: (If parent can't be reached)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## Medical Consent and Emergency Form

In the event that my child, \_\_\_\_\_ becomes ill or is injured while under school supervision, I approve the school authorities to take the following steps.

1. Contact a parent or legal guardian of the student and follow his or her instructions.
2. In the event of an emergency when a parent or guardian cannot be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest hospital for consultation and/or treatment. Such transporting is to be done by school approved transportation or, if school officials deem it necessary, by ambulance.
3. In a life-threatening situation, school officials will call 911 and then contact the parents or guardian.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied and I cannot be reached, I hereby authorize, appoint and empower the PromiseLand Director or his/her designated representative to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the PromiseLand Director or his/her designated representative, Parkview Baptist Church, and the PromiseLand staff from any liability which might arise as a result of medical service and treatment provided by any hospital or physician pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises. I agree to be responsible for any cost of medical service or treatment of my child or children as the result of the above authorization and agree to indemnify and hold harmless Parkview Baptist Church, PromiseLand Preschool, Camp PromiseLand and the Director or his/her representative from any expense incurred for said treatment or services.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Information

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_