



Child's Full Name _____ Birth Date ____/____/____ Home Phone _____
 Address: _____ City _____ State _____ Zip _____

Swim Permission
This section is only for children in 3rd through 8th grade.

My child has permission to swim at a Camp Rock designated swim facility.
 YES NO

He/She is an:
 Excellent Swimmer Good Swimmer
 Fair Swimmer Poor Swimmer

He/She has permission to take the deep water test.
 He/She does not have permission to take the deep water test.

Field Trip Permission
This section is only for children in 3rd through 8th grade.

I, _____ hereby grant permission to Camp Rock to take my child:

 on all field trips sponsored by Camp Rock by any means of transportation provided. Please note: On scheduled field trip days, there will be no alternate program for children to attend other than the field trip.

Parental Contact Information

Mother's Info:
 Name: _____
 Cell # _____
 Work # _____

Father's Info:
 Name: _____
 Cell # _____
 Work # _____

Release and Emergency Information

Please check the following that apply:

The child's MOTHER has legal right to pick up the child?
 Yes No

The child's FATHER has legal right to pick up the child?
 Yes No

If a parent DOES NOT have the legal right to pick up the child, a copy of the legal documentation must be submitted with this form. Please list any special circumstances of which the staff should be aware.

Please notify Camp Rock office of any changes immediately so that our records may be updated. Your child will ONLY be released to the people listed below.

If I am unable to pick up my child, I authorize he/she to be released by Camp Rock staff to the following people, who will have **photo ID.**

Name: _____
 Address: _____
 Phone: _____

Name: _____
 Address: _____
 Phone: _____

Name: _____
 Address: _____
 Phone: _____

Medical Information

Please list any allergies (medical, food, insect toxin, other) that your child suffers from:

History of: Asthma Convulsions High Fever Diabetes

Does your child have any special needs?

Does your child have any conditions that the child is medicated for?

If any medication either prescription or over the counter, is coming into camp, it must be accompanied by a physician's order. The order should state the child's name, the drug name, amount given, and time to be given. Prescriptions with "over the counter" medications MUST be in original, labeled bottle or container. For prescription drugs, pharmacies will provide a duplicate empty bottle which is labeled and can be sent to camp. You will also have to fill out the Camp Rock Medication Form which is obtained from the Camp Rock Medical Office.

It is mandatory for each camper to have an immunization record faxed, sent or delivered by the child's physician before the first day they attend Camp Rock. This is the parent's responsibility to arrange. Life Center Fax # 609-499-5112

Family Physician: _____
 Phone Number: _____
 Hospital of Choice: _____

I have filled out this form to the best of my ability and state that all of the above information is true. I authorize Camp Rock to obtain any medical care necessary for my child in case of emergency and to use any means of transportation available. Should hospital care be necessary, I consent to the administration of such anesthetics and the performance of such treatment, surgery or medication deemed necessary or advisable by the hospital/medical staff in the event that my child is at the hospital. I authorize the staff of Camp Rock to take emergency measures as necessary in the event that none of the people listed above can be reached.

I release, indemnify, and agree to hold harmless, Camp Rock, Fountain of Life Center and all its affiliated organizations, their directors, staff and volunteers from any or all liability that may result from the participation in all activities.

Parent/Guardian Signature: _____ Date: _____

I have filled out this form to the best of my ability and state that all of the above information is true. I authorize Camp Rock to obtain any medical care necessary for my child in case of emergency and to use any means of transportation available. Should hospital care be necessary, I consent to the administration of such anesthetics and the performance of such treatment, surgery or medication deemed necessary or advisable by the hospital/medical staff in the event that my child is at the hospital. I authorize the staff of Camp Rock to take emergency measures as necessary in the event that none of the people listed above can be reached.

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Parent/Guardian Signature: _____ Date: _____