

NAME: \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST)

ADDRESS: \_\_\_\_\_  
(STREET)

DOES YOUR CHILD CARRY AN EPI-PEN? \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

EMERGENCY CONTACT(S):

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WHO IS AUTHORIZED TO PICK-UP YOUR CHILD? (*AUTHORIZED PERSON WILL NEED TO SIGN YOUR CHILD OUT EACH DAY*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IS THERE ANYONE **NOT** AUTHORIZED TO PICK UP YOUR CHILD?

\_\_\_\_\_

WILL YOUR CHILD BE WALKING TO/FROM VBS EACH DAY? \_\_\_\_\_

**STAFF USE:**

**MEDICATIONS CHECKED IN \_\_\_\_\_ MEDICATION CARD FILLED OUT \_\_\_\_\_**

(PLACE IN BAGGIE WITH CAMPERS MEDICAL CARD FILLED OUT)

**APPLICATION REVIEWED FOR FOOD AND DRUG ALLERGIES \_\_\_\_\_**

**APPLICATION REVIEWED FOR SPECIAL NEEDS \_\_\_\_\_**

**NAME OF STAFF COMPLETING APPLICATION \_\_\_\_\_**