

Hope Lutheran School Summer Program

SUMMER CAMP REGISTRATION / EMERGENCY FORM

					DATE CHILD ENTERED CARE	DATE CHILD LEFT CARE
CHILD'S NAME	LAST	FIRST	MIDDLE	NAME USED	BIRTHDATE	
STREET ADDRESS				CITY	ZIP CODE	
CHILD'S PARENT/GUARDIAN'S NAME				HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	
STREET ADDRESS				CITY	ZIP CODE	
WORK ADDRESS (WHERE YOU CAN BE REACHED)				CITY	ZIP CODE	
CHILD'S PARENT/GUARDIAN'S NAME				HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	
STREET ADDRESS				CITY	ZIP CODE	
WORK ADDRESS (WHERE YOU CAN BE REACHED)				CITY	ZIP CODE	

OTHER PEOPLE TO NOTIFY IN CASE OF EMERGENCY

NAME	ADDRESS	TELEPHONE NUMBER
RELATIONSHIP:		HOME: WORK:
RELATIONSHIP:		HOME: WORK:
RELATIONSHIP:		HOME: WORK:
RELATIONSHIP:		HOME: WORK:

OTHER THAN YOU, WHO HAS PERMISSION TO PICK UP YOUR CHILD?

NAME	ADDRESS	TELEPHONE NUMBER
		HOME: WORK:
		HOME: WORK:
		HOME: WORK:

WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD?

NAME	REASON

Hope Lutheran School

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CHILD'S HEALTH INFORMATION		
DATE OF CHILD'S LAST PHYSICAL EXAMINATION:	HEALTH CARE PROVIDER NAME	TELEPHONE NUMBER (AREA CODE)
STREET ADDRESS	CITY	ZIP CODE
SPECIAL HEALTH PROBLEMS	ALLERGIES INCLUDING DRUG REACTIONS	
REGULAR MEDICATIONS	OTHER PERTINENT DATA	
CHILD'S DENTIST'S NAME		TELEPHONE NUMBER (AREA CODE)
STREET ADDRESS	CITY	ZIP CODE

CHILD'S MEDICAL INSURANCE COVERAGE	
INSURANCE COMPANY'S NAME	MEMBER/POLICY NUMBER
POLICY HOLDER'S NAME	EMPLOYER'S NAME
INSURANCE COMPANY'S NAME	MEMBER/POLICY NUMBER
POLICY HOLDER'S NAME	EMPLOYER'S NAME

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I hereby give permission that my child, _____
 may be given emergency treatment by a qualified child care provider at:
Hope Lutheran Church & School, 4456 42nd Ave. SW, Seattle, WA 98116
 NAME AND/OR ADDRESS

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I give permission for my child to be transported by ambulance or aid car to an emergency center for treatment

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

PARENT/GUARDIAN'S SIGNATURE	DATE	PARENT/GUARDIAN'S SIGNATURE	DATE
STREET ADDRESS	CITY	ZIP CODE	TELEPHONE NUMBER (AREA CODE)

A \$25.00 Registration Fee, *per child*, must accompany this form to set-up, supply and plan your child's records in the licensed summer program. Weekly rates are on separate sheet. **Fees are due with a "Summer Camp Pre-Pay Form"** based on your childcare needs. Pre-Pay keeps billing & administrative costs low and keeps ESC properly staffed.