

**Deerfield Community Center
Summer Day Camp
General and Emergency Information**

One form per child

Child's Name: _____ Age: _____

Birth Date: _____ Gender: _____ Phone: _____

Parent/Guardian: _____

Home Address: _____

Parent/Guardian's Work: _____ Phone: _____

Email: _____ Cell: _____

Parent/Guardian's Work: _____ Phone: _____

Email: _____ Cell: _____

Child's Physician/Clinic: _____ Phone: _____

Clinic Address: _____

List any allergies or other necessary information needed about participant: _____

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY WHEN
PARENT/GUARDIAN IS NOT AVAILABLE:**

Name: _____ Phone: _____

Address: _____



IMPORTANT

I give my child, named above, permission to participate in all program activities, which pertain to his/her age group. In the event that I do not want my child to participate in activities, I understand that I must contact a staff person at the center. I also understand that if my child does not obey the center's rules, he/she may be asked not to participate in activities.

Furthermore, in the event of an emergency, during which I cannot be contacted, I authorize you to call my doctor. If he/she cannot be contacted, I give my consent for my child to receive emergency medical treatment or care. I understand that a Deerfield Community Center staff will make every effort to contact me first.

X _____
Signature of Parent/Guardian

X _____
Date