

Samuel W. Tucker Campagna Kids
Winter 2008 Gap Camp Registration

Current Campagna Kids Site: _____

Child's Name: _____ Grade: _____
Birthdate: _____ Age: _____

1st Parent/Guardian Name: _____
Address: _____
Home: _____ Work: _____
Cell: _____

2nd Parent/Guardian Name: _____
Address: _____
Home: _____ Work: _____
Cell: _____

DAY CARE CHILD'S EMERGENCY MEDICAL AUTHORIZATION

List child's medically diagnosed allergies or chronic conditions, medications, etc.
(if non write N/A)

Doctor or Clinic: _____
Address: _____
Phone: _____

Insurance: _____
Policy: _____

Name of Insured Party: _____
Phone: _____

The Parent/Guardian authorizes immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. **NOTE: This form is to be kept by the provider and taken to the doctor/treatment facility in case of an emergency.**

Parent/Guardian Signature _____
Date: _____

EMERGENCY CONTACTS/AUTHORIZED PICK-UP

The state of Virginia requires all licensed child day centers to have at least **two** designated people (**other than the parent**) to call in an emergency if a parent cannot be reached. These individuals must be persons who reside outside the household and each individual listed must reside in separate households. Although it is preferred that emergency contacts are persons who can pick up your child if you are unavailable, this is not a requirement. Any changes to this form must be in writing and presented to the site director.

Emergency Contact Name (required): _____
Authorized to pick up: yes _____ No _____ (for contact purposes only)
Home: _____ Work: _____
Cell: _____

Emergency Contact Name (required): _____
Authorized to pick up: yes _____ No _____ (for contact purposes only)
Home: _____ Work: _____
Cell: _____

Emergency Contact Name (required): _____
Authorized to pick up: yes _____ No _____ (for contact purposes only)
Home: _____ Work: _____
Cell: _____