



Fairfax High School Theatre Boosters One-Day Drama Camp

Camper's Emergency Care Information

Camper's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Camper's Grade \_\_\_\_\_ School Camper Attends \_\_\_\_\_

Parent 1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent 1 Daytime Ph# \_\_\_\_\_ Cell # \_\_\_\_\_

Parent 2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent 2 Daytime Ph# \_\_\_\_\_ Cell # \_\_\_\_\_

Please list at least 3 persons we may call if the parent cannot be reached, who have your permission to make decisions concerning your child in the event of an emergency:

Table with 3 columns: Name of Person, Relationship, Daytime Ph#. Includes three rows of blank lines for entry.

Does Camper have any current health conditions that may require attention during the day?

\_\_\_ Allergies (list below) \_\_\_ Asthma \_\_\_ Respiratory \_\_\_ Diabetes \_\_\_ Physical Disability \_\_\_ Other

\_\_\_\_\_

Does Camper need any special accommodations for allergies or other health reasons? Y or N

If yes, describe:

\_\_\_\_\_

Name of person picking Camper up in the afternoon (Please ensure pick-up person brings ID)

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_