

C.U.P.C Summer Camp
Parental Permission and Health Authorization

(to be filled out by parent/guardian. One per child. Duplicate if needed)

Camper's Name (Last) (First) (Middle)

Phone

Address

Birthday (Month/Day/Year)

City

Zip

Mother/(Guardian)

Phone (Work)

Work Address/City

E-mail Address

Father/(Guardian)

Phone (Work)

Work Address/City

E-mail Address

Relative/Friend not living with Family in case parent/guardian cannot be reached.

Phone (Home)

Family Doctor and/or Health Plan I.D. Number

Phone

Health History

(Answer yes or no)

_____ Date of last Tetanus shot

_____ Penicillian Allergy

_____ Poison Oak Allergy

_____ Diabetes

_____ Asthma

_____ Insect/Bee Sting Allergy

Indicate any medical conditions or allergies that may affect your child:

If a serious emergency arises, it may be necessary for a physician to attend to your child before the staff can get in touch with your. Such care will be provided only if you sign the "authorization for medical treatment." The statement below must be signed before your child will be accepted at camp.

My child _____ has my permission to attend the CUPC Summer Camp program. I authorize a physician to provide medical care for him/her in any emergency which may occur while participating in the summer camp program.

Signature of parent/guardian

Date

CUPC PICTURE/MEDIA ACCESS FORM

Dear Parent or Guardian,

Throughout the summer, staff and volunteers in the program will be taking pictures of the children. The pictures may be used for one of four purposes:

- Parent's Night Slide Show
- Next year's brochure
- The Summer Camp website
- In addition, there may be times when our Summer Camp Program may be featured in a news story. Reporters, photographers and/or film crews from television or radio stations, newspapers or magazines may wish to interview and/or photograph your child in relation to a story about the church program. Your child's name and the church may be included in the report. Please sign and return the attached form only if you **DO NOT** want your child's picture used in the four areas above.

We will make every effort to honor your request, but please be aware that there may be circumstances when the press may be at a location where our campers will be and may be inadvertently interviewed, photographed or filmed beyond our control.

Check if you don't want your child's picture taken or to have contact with the media.

PLEASE SIGN AND RETURN WITH REGISTRATION FORM

____I DO NOT want my child's picture taken or to have contact with the media while participating in CUPC's Summer Camp Program.

Child's Name: _____

Signature of Parent/Guardian: _____

Date: _____