

# SRCC's DISCOVERY DAY CAMP AT RPI

## Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home/ Cell Phone	Work Phone	Home/ Cell Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		
Email address	Email Address		

## Alternative Emergency Contacts/Pick Up Authorization

Emergency Contact (relationship)	Emergency Contact(relationship)
Home Phone	Work Phone
Home Phone	Work Phone

**Pick Up Authorization:** I authorize the following people to pick up my child from SRCC'S Discovery Day Camp Program. All authorized persons **MUST BE AT LEAST 18 YEARS** of age and be prepared to show photo ID.

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## Medical Information

Hospital/Clinic and Physician's Name	Phone Number
Address	Fax Number
Allergies/Special Health Considerations	
Medication's	

I give permission for my child to go on field trips. I release SRCC'S Discovery Day Camp and individuals from liability in case of accident during activities related to SRCC'S Discovery Day Camp, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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