REDEEMER SUMMER CAMP REGISTRATION CARD

		Grade Applying for Gender of child
Student's Name		
Address	st FirstCity	
)B	
Parent Name(Mr./Mrs./Ms.)_	Work Phone	Cell Phone
Parent Name(Mr./Mrs./Ms.)_	Work Phone	Cell Phone
Church Affiliation		
rendered to my child by any learnot be reached for consultar also give permission for school Allergies to medication: Yes	licensed physician or hospital emerger	
Allergies to food: Yes No	(Explain reaction)	
	Daily Medication:	
Other medical information:		·
I understand that every attempt	Phone N t will be made to contact me in the eve ct and if necessary release my child to:	fumber: ent of an emergency. If you are unable to reach
Name/Phone/Relationship 1 of Emergency Contact		
Do Not Release my child to: The following people may pick to	up my child without further consent: 2.	•
Parent's Signature		