

Operation Name <b>Camp Kaleidoscope 2010</b>		Director's Name <b>Circle C CDC &amp; Clayton Elementary</b>	
Child's Name		Date of Birth	Child's Home Telephone No.
Child's Home Address			
Sessions of Attendance <b>1 2 3 4 5</b>		2009-2010 Grade Level	Hours and days child will attend
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the Camp Kaleidoscope teachers to allow my child to leave the school <b>ONLY</b> with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

<b>CHECK ALL THAT APPLY:</b>			
<b>1. <input checked="" type="checkbox"/> TRANSPORTATION:</b>	I hereby <input checked="" type="checkbox"/> give	<input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees.	
	<input checked="" type="checkbox"/> for emergency care	<input checked="" type="checkbox"/> on field trips	<input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
<b>2. <input checked="" type="checkbox"/> FIELD TRIPS:</b>	I hereby <input checked="" type="checkbox"/> give	<input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:	
<b>Parent's Comments:</b>			
<b>3. <input checked="" type="checkbox"/> WATER ACTIVITIES:</b>	I hereby <input checked="" type="checkbox"/> give	<input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:	
	<input checked="" type="checkbox"/> sprinkler play	<input checked="" type="checkbox"/> splashing/wading pools	<input checked="" type="checkbox"/> swimming pools <input checked="" type="checkbox"/> slip-n-slide
<b>Signature – Parent or Legal Guardian</b>			

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
<b>Signature – Parent or Legal Guardian</b>		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

<b>SCHOOL AGE CHILDREN:</b>	
<input checked="" type="checkbox"/> My child attends the following school:	
Name of School and Address	School Ph.#
<b>CHECK ALL THAT APPLY:</b>	
<input checked="" type="checkbox"/> His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.	<input type="checkbox"/> My child has permission to
	<input type="checkbox"/> walk to and from school, and/or
Name of sibling(s):	<input type="checkbox"/> ride a bus, <input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old.

**Signature – Parent or Legal Guardian**

Date