

# Nonprofit Health & Wellness Camp

## Child Registration Form

### Child Information

Full Name

Date of Birth

Gender

Current Grade

### Parent / Guardian Information

Full Name

Relationship to Child

Phone Number

Email

Address

### Emergency Contacts

Name

Phone Number

Relationship to Child

### Medical Information

Allergies / Medical Conditions

Required Medications

Physician Name

Physician Phone

Health Insurance Information

### Permissions & Agreements

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I grant permission for my child to be photographed for camp purposes.

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I authorize emergency medical treatment for my child.

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I certify that the above information is correct and agree to camp policies.