

~BENNER'S FARM SUMMER CAMP~
EMERGENCY CONTACT FORM

*This form must be completed and returned with your child (children) on the first day of camp.
 Children will not be admitted without a completed form.*

Camper's Name(s):

Parent or Guardian Name: Home Phone:	
Address:	
Work Phone(s): Cell Phone(s):	
Emergency Contacts / Those to whom your child/children may be released (Name/Address/Phone):	
1	
2	
3	
CHILDREN ENROLLED IN SUMMER CAMP: (this form works for up to three (3) children	
1. Child's Name:	Date of Birth:
Physician's Name/ Address/ Phone:	
Allergies/ Medical Concerns/ Comments:	
May your child have SUNSCREEN and/or INSECT REPELLANT reapplied at camp?	
(Circle either or both- SIGNATURE REQUIRED: ..)	
2. Child's Name:	Date of Birth:

Physician's Name/ Address/ Phone:	
Allergies/ Medical Concerns/ Comments:	
May your child have SUNSCREEN and/or INSECT REPELLANT reapplied at camp?	
(Circle either or both- SIGNATURE REQUIRED: ..)	
3. Child's Name:	Date of Birth:
Physician's Name/ Address/ Phone:	
Allergies/ Medical Concerns/ Comments:	
May your child have SUNSCREEN and/or INSECT REPELLANT reapplied at camp?	
(Circle either or both- SIGNATURE REQUIRED: ..)	
I have read and understand the information provided in the letter enclosed with this form.	
Signature of Parent or Guardian:	

Do you grant Benner's Farm permission to take photos of your child(ren) that may be used for our own advertisement or promotional purpose? (Without names or personal information)

CIRCLE: YES NO _ PARENT SIGNATURE : _____

Immunization Record

(Please include an up-to-date copy *or* fill out the information below. This does not need to be completed by a doctor.)

1. Child's Name:

Date of last or all Immunization for:

Diphtheria:

Measles:

Mumps:

Poliomyelitis:

Rubella:

Tetanus:

Influenza B:

Hepatitis B:

Varicella:

2. Child's Name:

Date of last or all Immunization for:

Diphtheria:

Measles:

Mumps:

Poliomyelitis:

Rubella:

Tetanus:

Influenza B:

Hepatitis B:

Varicella:

3. Child's Name:

Date of last or all Immunization for:

Diphtheria: Influenza B:

Measles: Hepatitis B:

Mumps: Varicella:

Poliomyelitis:

Rubella: _

Tetanus: _

Parent /Guardian's Signature: _____

Date: _____

Medical Accommodations and Special Needs:

(If your child has an I.E.P. or has been tested for any special needs/ accommodations, please let us know so we can structure their experience to match their abilities)