

CAMP FA Spring Emergency Form 2018-19

Child (First and Last)	Nickname	Date of Birth	Sex
Address		Home Phone	
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Current Grade

Parent(s)/Guardian(s) Information:

Name		
Address		
Employer		
Employer Address		
E-mail		
Home Phone		
Work Phone		
Cell Phone		

Two People to Contact if Parent(s) Cannot Be Reached: (must be local and include zip code in address)

Name	Complete Address	Phone
1.		
2.		

Person(s) Authorized to pick up child: Relationship: Person(s) **NOT** Authorized to pick up child:

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*Fredericksburg Academy will assume both parents/guardians have the authority to pick up/transport the child, unless a custody order or document is signed by both parents stating otherwise is submitted to the Program Director.

Emergency Information:

Child's Physician	Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed	
Allergies or Intolerance to Food, Medication, etc. and Action to Take in an Emergency	

If your child will need other medications (OTC or Rx), please complete a Request for Authorization for Administration of Medications form, Asthma Action Plan, or Anaphylaxis Action Plan as applicable.

(over)

AGREEMENTS

Initial required on each line

_____ 1. Fredericksburg Academy agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.

_____ 2. The parent(s)/guardian(s) authorize Fredericksburg Academy in the event of a medical emergency when I cannot be contacted, for staff of the Fredericksburg Academy CAMP FA Program to obtain whatever treatment may be deemed necessary for my child by a physician in any hospital emergency department.**

_____ 3. The parent(s)/guardian(s) to inform Fredericksburg Academy within 24 hours or the next business day after the child or any member of the immediate household has developed a reportable communicable diseases, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

_____ 4. The parent(s)/guardian(s) give permission for the child to participate in free swim and/or swimming lessons held in the Academy pool during CAMP FA. I understand that the lifeguard will evaluate my child's skills and may limit his or her freedom in the pool based on those skills.

_____ 5. The parent(s)/guardian(s) give permission for the child to be taken on field trips off the FA campus. I give permission for my child to be driven in a school vehicle (minibus or van) operated by a licensed CAMP FA staff member.

_____ 6. The parent(s)/guardian(s) have read and agreed to the policies and procedures of CAMP FA which may be downloaded from the CAMP FA website.

SIGNATURES

_____ Parent(s) or Guardian(s) Signature

_____ Date

_____ Parent(s) or Guardian(s) Printed Name

_____ Spring Program Director

_____ Date

Date Child Entered Care: _____

Date Child Left Care: _____

**If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection