



Address: 1990 Market St. Concord, CA 94520

Mailing Address: P.O. Box 23973 Pleasant Hill, CA 94523

Phone: 925.825.7751 | fax: 925.825.8732

Office Use Only

Date Completed:

Received By:

For children grades K-8

Summer Camp Application

Child's Name _____ T-Shirt Size: S M L XL
Last First M.I.

Address _____

Birthdate ____/____/____ Age ____ Grade ____ School _____

Allergy Alert: Does your child have allergies? YES ____ No ____ EpiPen? _____ list details on back of form

Parent (s) or Guardian (s) Contact Information

Name _____ Relationship _____

Home Address _____

Phone # 1. (h / c / w) _____ 2.(h / c / w) _____

Name _____ Relationship _____

Home Address _____

Phone # 1. (h / c / w) _____ 2.(h / c / w) _____

In the event of an emergency, we always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents/guardians. These people are also authorized to pick up your child from the facility. Please list all appropriate phone numbers.

Name _____ Relationship _____

Phone ____/____/____

Name _____ Relationship _____

Phone ____/____/____

Other people authorized to pick up child in non-emergency situations:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Your child will not be released to anyone who is NOT on this list. Persons on this list will be asked to present identification at time of pick-up. Please notify Monument Crisis Center if there is a person who is not, under any circumstances, authorized to pick up your child.



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Insurance and Medical Information:

Insurance _____ ID Number _____

Medical Provider _____ Phone _____

Does your child require any medication while at the program? Yes (please list) No

Allergies – Does your child have any allergies to food, medications, insects, etc.? Yes No

If Yes, please list: _____

Health Conditions – Has your child, currently or in the past, been diagnosed with any of the following health conditions (check all that apply):

Asthma Yes No Epilepsy/Seizure Disorder Yes No

Diabetes Yes No Frequent Migraine Headaches Yes No

Heart Problems Yes No Attention Deficit-Hyperactivity Yes No

Vision/Hearing Problems Yes No Chronic Ear Infections Yes No

If Yes, please explain: _____

List any other health condition(s) not listed above: _____

Please list any other information that will assist our staff in helping your child during the program.

Print Full Name of Parent, Guardian

Signature

Date



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Please list any restrictions to permission

My child may be given non-prescribed medication as indicated on the container, including sunscreen, children’s anti-histamine and antibacterial first aid cream. Syrup of ipecac may be administered if deemed necessary by the poison control operator. Prescription medications must be current and require permission slips for each medication (inhalers).

YES NO Restrictions (please list) _____

My child may be taken on field trips or excursions by bus, private motor vehicle and on neighborhood walking excursions, including the park.

YES NO Restrictions (please list) _____

My child may participate in swimming and other water activities under required supervision.

YES NO Restrictions (please list) _____

My child may be photographed for publicity or other news purposes.

YES NO Restrictions (please list) _____

Print Full Name of Parent, Guardian

Signature

Date

My Signature gives permission for the following:

Emergency Release

If, in the judgment of the staff of the Monument Crisis Center the child named above needs immediate care and treatment as a result of any injury or sickness, I hereby give permission to the staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I do hereby agree to indemnify and hold harmless the Monument Crisis Center (including its officers, directors, members and/or volunteers) from any claim by any person whomsoever on account of such care and treatment of said child.

Print Full Name of Parent, Guardian

Signature

Date