



**Camper Information**

\_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

**Parent/Guardian Information**

\_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Home Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_ Additional Contact Phone (optional) \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Home Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_ Additional Contact Phone (optional) \_\_\_\_\_

**The following individuals are authorized to drop-off or pick-up my child from the facility:**

_____	_____
Name	Contact Phone Number
_____	_____
Name	Contact Phone Number
_____	_____
Name	Contact Phone Number
_____	_____
Name	Contact Phone Number

**The following individual(s) may NOT remove my child from the facility:**

\_\_\_\_\_

Name(s)

**In case of injury or sudden illness, I request that this individual be called first:**

# University of Arizona Campus Recreation Youth Camps

## Emergency Contact and Health Information Card

### Health and Medical Information

Is your child allergic to food or other substances? **If yes**, please provide food/substances to be avoided, symptoms, and procedure to follow if reaction occurs.

Is your child unusually susceptible to infections? **If yes**, please list what precautions need to be taken.

Is your child subject to convulsions or seizures? **If yes**, please describe the procedure to follow if one occurs.

Are there any physical condition(s) we should be aware of? **If yes**, please list precautions that need to be taken.

**Additional comments and/or special instructions regarding your child's health:**

**If medical care becomes necessary, please call:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(A Health Care Provider is a Physician, Physician Assistant, or Registered Nurse Practitioner)

**Please read the following statements and check the box that applies, then sign on the line provided.**

I give consent for my child to be photographed and/or documented in film by Campus Recreation camp staff during their time at Campus Recreation camps and understand that these photos may be used in the future by Campus Recreation for promotion and/or educational purposes.

- Yes**  
 **No**

I give permission for my child to attend various on-campus field trips on foot and in authorized UA vehicles with authorized Campus Recreation camp staff, as well as various off-campus field trips that I will register my child for.

- Yes**  
 **No**

I give permission to authorized Campus Recreation staff to apply sunscreen to my child as needed and for my child to apply sunscreen to themselves under supervision of authorized Campus Recreation staff.

- Yes**  
 **No**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent or Guardian Printed Name**

**Parent or Guardian Signature**

**Date**