



Day Camp Emergency Form

Each Child Must Have a Separate Form Submitted

Child's Name: _____ Age: _____

Address: _____ City: _____

Parents Name: _____ Relationship _____

Home Phone: _____ Cell: _____ Work Phone: _____

*Person's authorized to pick up your child or to be notified in case of an emergency (other than parents). Photo identification will be required at the pick- up time. **Your child will only be allowed to leave camp with those persons listed below:***

Name	Relationship(To child)	Phone #	Cell #
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Please list any health issue, allergies, habits or other considerations that staff should be aware of:

*** May your child have his/her picture taken by the staff during the program? YES NO**

CONSENT FOR TREATMENT: (PLEASE ENTER YOUR CHILD'S NAME ON THE LINE)

THIS CONSENT WILL BE VALID BETWEEN July 1- August 15th OR UNTIL RESCINDED IN WRITING BY THE PARENT OR GUARDIAN. IN A MEDICAL EMERGENCY, I GIVE PARENTAL CONSENT FOR INVASION LASER TAG TO TAKE MY CHILD _____ TO THE NEAREST HOSPITAL OR MEDICAL CLINIC TO RECEIVE NECESSARY MEDICAL ATTENTION, IF INVASION LASERTAG IS UNABLE TO CONTACT THE PARENT OR GUARDIAN.

FAMILY PHYSICIAN /HEALTH INSURANCE _____

PHONE NUMBER _____ POLICY NO. _____

PARENT SIGNATURE _____ DATE _____

By signing below I give permission for Invasion Laser Tag and its staff to take a Walking Field Trip to Area Parks.

PARENT SIGNATURE _____ DATE _____