



**AMERICAN LITTORAL SOCIETY
2019 Coast Camp Program**

This form must be completed, signed and returned on the first day of the program.

Participant's name: _____

Age: _____ Grade (as of 09/18) _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Other: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell: _____ Other: _____

Health Information

Does your child have:

- Food (i.e. nuts) or other existing allergies (i.e. example suntans lotions, bug spray, bee sting)
____ Yes ____ No

- If Yes, what kind (please be specific) _____

- Is an EpiPen carried for any of these allergies?* _____ Yes _____ No

- Any dietary restrictions? _____

- Any activity limitations or disabilities? _____

- Any chronic/recurring illnesses? _____

- If your child currently on medications?* _____ Yes _____ No

- If Yes, please list and state if they will be required to take during program hours

- Any other medical information pertinent? _____ Yes _____ No

If Yes please explain _____

*The American Littoral Society cannot be held responsible for storing or administering medications.

(Over)

Name of Physician: _____ Phone: _____

Any other information we should know about your child: _____

I hereby authorize these additional persons to pick up and sign my child out at the end of the day:

I give my consent for my child's picture to be taken by the American Littoral Society for occasional publicity needs:
_____ Yes _____ No

I hereby acknowledge that I have read and accept the American Littoral Society Coast Camp guidelines, rules, and regulations. I thereby give my child consent to take part in all activities during his/her session(s). I understand that the American Littoral Society disclaims any and all liabilities for personal injuries and/or property damage arising from my child's participation in the American Littoral Society Coast Camp. I understand that American Littoral Society is not responsible for lost belongings. I certify that the emergency and health information I have given is correct.

Permission for Emergency Treatment: In order to meet all legal requirements, I hereby authorize representatives of the American Littoral Society to give emergency consent for any and all necessary emergency medical care for my child while he/she is attending American Littoral Society Coast Camp Program 2018.

Child's name printed

Parent/Guardian name printed

Parent/Guardian Signature

Date