

Persons to be called in case of emergency:

Name _____ Relationship to Child _____

Address _____ Phone _____

Name _____ Relationship to Child _____

Address _____ Phone _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to arrange emergency medical attention at the time of the illness or accident, I hereby authorize Christ Lutheran Learning Center (CLLC Kidz Kamp) to take my child,

_____, to Dr. _____

Address of physician _____ Phone _____

or to _____ Clinic or Hospital, and I give consent for any and all necessary treatment for my child when the child is in this individual's care. In the event of a serious emergency, Georgetown Hospital Emergency will be used.

Signed _____ Date _____

PERMISSION TO PARTICIPATE IN CLLC KIDZ KAMP ACTIVITIES

I hereby grant permission for my child to use all the play equipment and to participate in all the activities of the Kidz Kamp. I hereby grant permission for my child to be included in pictures connected with the Kidz Kamp. As parent or guardian, I assume all the risks and hazards of participation in the CLLC Kidz Kamp, and I waive all claims against Christ Lutheran Church or any directors, teachers, or helpers appointed by them.

Signed _____ Date _____

SPECIAL PROBLEMS OR NEEDS

My child has these special problems or needs: **(include any allergy, existing illness, previous serious illness, hospitalizations during the past 12 months, and any medication prescribed for long-term, continuous use.)**

Signed _____ Date: _____

| | Amount Paid | Check # | Cash |
|-------------------------------|--------------------|----------------|-------------|
| Payment for Session 1 | | | |
| Payment for Session 2 | | | |
| Payment for Session 3 | | | |
| Payment for Session 4 | | | |
| Payment for Session 5 | | | |
| Payment for Session 6 | | | |
| Payment for Session 7 | | | |
| Payment for Session 8 | | | |
| Payment for Session 9 | | | |
| Payment for Session 10 | | | |