

Emma Willard School

GirlSummer Day Program

285 Pawling Avenue, Troy New York 12180
(518) 852-6580

Allergies: _____ _____ _____ Epi pen? ____ Yes ____ No

Contact & Health Information

All information is confidential and required for the safety of your daughter.

Camper is attending Session(s): 1: _____ 2: _____ 3: _____ 4: _____

Camper's Name _____ Birth Date _____
last first middle

Home Address _____
number and street city state zip code

Camper resides with: ____ Both Parents ____ Father ____ Mother ____ Other (please explain) _____

Mother's Full Name _____ Res. Phone _____

Mother's E-Mail _____ Cell Phone _____

Bus. Phone _____

Father's Full Name _____ Res. Phone _____

Father's E-Mail _____ Cell Phone _____

Bus. Phone _____

Guardian's Full Name _____ Res. Phone _____

Guardian E-Mail _____ Cell Phone _____

Bus. Phone _____

Emergency Contact _____ Res. Phone _____

Contact Address _____ Cell Phone _____

Bus. Phone _____

I authorize the following people to pick up my daughter from GirlSummer:

Developmental, emotional, or disability concerns: _____

Restrictions to any type of activity: _____

Please list any medications that this camper might be taking while attending the program. Please list the name(s) of the medication(s), dosage per day, and reason for the medication.

1. _____
2. _____

PRINT/SIGN NAME: _____
RELATIONSHIP TO CAMPER: _____