



SCAMPER INFORMATION FORM 2019

Rev. 5/8/17

SCAMPER INFO				
<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Grade 2018</i>	<i>Date of Birth</i>
<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Grade 2018</i>	<i>Date of Birth</i>
<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Grade 2018</i>	<i>Date of Birth</i>
Student(s) Address:			School District:	

PARENT / GUARDIAN INFO	
Parent/Guardian 1 Name <small>(Please indicate Ms., Mr., Mrs., Dr., etc.)</small>	Parent/Guardian 2 Name <small>(Please indicate Ms., Mr., Mrs., Dr., etc.)</small>
Relationship to Scamper(s):	Relationship to Scamper(s):
Address: Address is same as Scamper	Address : Address is same as Scamper
Primary phone number: Home Cell	Primary phone number <small>(if different)</small> : Home Cell
Secondary phone number: Home Cell	Secondary phone number: Home Cell
E-mail:	E-mail:
Employer	Employer
Occupation	Occupation
Work phone(s)	Work phone(s)
Receives SCAMP Emails/Mailings YES NO	Receives SCAMP Emails/Mailings YES NO

Please complete both sides of the form.

EMERGENCY INFORMATION

In the case of emergency resulting from sudden illness or accident, I authorize Doane Stuart SCAMP to take my child immediately to the hospital or physicians used by the camp, and to contact me as soon as possible.

In case I cannot be reached, you have my permission to contact the following:

<i>Family Doctor</i>	<i>Phone number</i>	<i>Preferred Emergency Hospital</i>
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<i>Family friend or relative</i>	<i>Relationship</i>	<i>Phone</i>	<i>Address</i>
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<i>Family friend or relative</i>	<i>Relationship</i>	<i>Phone</i>	<i>Address</i>
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To give emergency treatment, if for any reason none of the above can be reached, please list any **important health information** about your child and/or children:

Please list any **allergies or reaction to medications**:

Medical Insurance Company

Policy #

Please list the names of people who have your permission to pick up your child(ren):

<i>Name:</i>	<i>Relationship:</i>
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<i>Name:</i>	<i>Relationship:</i>
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<i>Name:</i>	<i>Relationship:</i>
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Signature: _____ Date: _____