

CHILD MUST BE BETWEEN THE AGE OF 8 YEARS – 12 YEARS

1st C H I L D	Name	Circle: Male / Female Birth date:	Telephone
	Full Current address including City/State/Zip		
	Does your child have any type of medical conditions? (i.e.allergies, asthma, ect)		
	Current Medication, Time taken, treatment	Special dietary/nutritional concerns	
	Child's limitations or other conditions	Anything else RAD Camp needs to know?	

2nd C H I L D	Name	Circle: Male / Female Birth date:	Telephone
	Full Current address including City/State/Zip		
	Does your child have any type of medical conditions? (i.e.allergies, asthma, ect)		
	Current Medication, Time taken, treatment	Special dietary/nutritional concerns	
	Child's limitations or other conditions	Anything else RAD Camp needs to know?	

P A R E N T S	<u>Mother/Guardian Information</u>		<u>Father/Guardian Information</u>		
	Name			Name	
	Address (if different from child)			Address (if different from child)	
	City/State/Zip			City/State/Zip	
	Telephone	-----		Telephone	-----
	Email Address			Email Address	

E M E R G E N C Y	Name	Relationship
	Home Phone	Work Phone
	Doctor's Name & Phone #	Hospital
	Insurance Company & Policy Number	

C U S T O D Y	My child(ren) is (are) under the custodial care of: 1) Both parents 2) Mother only 3) Father only 4) other, please explain	
	PICK UP AUTHORIZATION LIST :	
	I authorize the following people other than myself to pick up my child(ren) from RAD CAMP	
	1) Name:	Relationship: Phone #
	2) Name:	Relationship: Phone#
3) Name:	Relationship: Phone #	
List any UNAUTHORIZED person(s) who might attempt to pick up your child:		
1) Name:	Relationship:	
2) Name:	Relationship:	

