



## ContactPoint, Camp

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School \_\_\_\_\_

Home Address

\_\_\_\_\_

(City, State, Zip Code)

Parent #1:

Name \_\_\_\_\_

Home Address (if different than above) \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Parent #2:

Name \_\_\_\_\_

Home Address (if different than above)

\_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address \_\_\_\_\_

Pediatrician Name and

Number \_\_\_\_\_

Emergency Contacts: Name/phone numbers:

\_\_\_\_\_

\_\_\_\_\_

Known Allergies/Medical  
Conditions: \_\_\_\_\_

Medications

#### Pick-Up Authorization

We are required to have a list of all people who have permission to pick up your children from ContactPoint, Druid Hills. Please list below all people who might be picking up your child including their phone numbers. This list will be kept in your child's file and can be updated at any time.

My child, \_\_\_\_\_, has permission to be picked up by the following people from ContactPoint Druid Hill. I acknowledge, and will inform each person listed below, that my child must be signed out and escorted from ContactPoint, Druid Hills facility by an authorized person. I/we have never met that person will be asked to prove identity.

#### Transportation Permission

I give permission for my child \_\_\_\_\_ to ride in the ContactPoint van to and from camp.

Signature of Parent or Guardian

\_\_\_\_\_

1. \_\_\_\_\_  
Name/phone number/relationship to child

2. \_\_\_\_\_  
Name/phone number/relationship to child

**This is NOT a licensed day care facility; the ContactPoint is an exempted program for sports and arts.**