

Soccer Planet Summer Camp 2019 - Health and Consent Form

Child's Name: First: _____ Last: _____ Gender: M / F

Address: _____ City: _____ State: _____ Zip: _____

Health Insurance Company: _____ Policy Number: _____

Medical Concerns/Allergies: _____

Are we able to give your child a Popsicle on the last day of camp? _____

Behavioral Concerns: _____

Hospital Preference: _____

Parents'/Legal Guardians' Names: _____

Emergency Contact information of Parents/Legal Guardians:

E-mail: _____

Cell Phone: _____

Person to notify if Parents/Legal Guardians cannot be reached:

Name: _____

Relationship to Child: _____

Cell Phone: _____

Who has permission to pick up Child from Camp?

Name	Relationship to Child	Phone Number
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Authorization for Treatment: If I cannot be reached in an emergency, I hereby authorize Soccer Planet to hospitalize and secure proper treatment for this child. I understand that I am financially responsible for treatment provided by out-of-camp provider.

Signature of Parent/Legal Guardian: _____

Date: _____