

2012 Klein Chess Camp

Authorized Pick-Up / Medical / Emergency Form

Please fill in this form completely and mail it to P.O.Box 12053, Spring, TX 77391, before June 6. All campers must sign in each day, and be signed out by an authorized adult when they leave. Older students, or those living in Memorial Northwest subdivision, may be authorized below to sign themselves out. Medication for all campers must be checked in at the clinic upon arrival.

Contact and Authorized Pick Up Information

Name: _____
Date of Birth: _____ School next fall _____ 2012-13 Grade _____
Address: _____

Home Phone: _____ T-shirt size: YM YL AS AM AL XL

E-Mail (if you check it at least twice a week): _____

Mother's Full Name: _____

Mother's Place of Employment: _____

Mother's Work Phone: _____ Cell Phone: _____

Father's Full Name: _____

Father's Place of Employment: _____

Father's Work Phone: _____ Cell Phone: _____

Name of person who can be contacted if parent or guardian can not be reached:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Names of those people who are authorized to pick up your child from camp:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Optional: My child is authorized to sign him/herself out _____ (sign)

Medical Information

Please list any medical conditions or allergies: _____

Please list any medications that your child is currently taking: _____

Please list any medications to be administered at camp, dosages, and times to be administered: _____

Medical Insurance Company: _____

Name of Insured: _____

Type of Policy: _____

Policy Number (I.D. #): _____

Group Number: _____

Emergency Treatment Authorization

"In case of accident or serious illness, I authorize the individuals working with the Klein Chess Camp to provide any and all necessary medical treatment for my child, at my expense. I agree to hold Klein ISD, its Trustees, administration, and/or faculty, and the Chess Camp Staff and drivers harmless from all liability for any injuries my child may receive while participating in this camp."

Parent or Legal Guardian Signature: _____ Date: _____