



camp Kaleidoscope Release Form

June 19-23, 2017 at Central Lutheran Church, 1420 Cordova St., Anchorage

student/parent information

Student Name _____ Birthdate _____ Female Male

Student Home Address _____ Zip _____ Home Phone _____

Parent/Guardian Name _____ Address _____

Parent/Guardian Name _____ Address _____

contacts & emergency contacts

Reaching parent(s)/guardian(s) during the week of June 19-23, 2017. In order of priority, list all cell, work and home phones (with area codes), email and or effective ways to contact you.

1. _____ 3. _____

2. _____ 4. _____

Emergency contact. Name(s)/phone number(s)/address(es) of emergency contact if we are unable to reach parent(s)/guardian(s):

Picking up your child. Name(s) and phone number(s) of individual(s) permitted to transport your child from camp:

Medical info & permissions

Doctor _____ Office Phone _____ Address _____

Does your child have any **allergies**, conditions or medical concerns we should know about? Yes No

If **Yes**, explain (and be sure to check our website for lunch menus and ingredients).

In case of a medical emergency during Camp Kaleidoscope 6/19/17 - 6/23/17, Shirley Mae Springer Staten, Director of Camp Kaleidoscope, or her designate, has my permission to seek emergency medical care for my child if I cannot be contacted in a reasonable amount of time. If necessary, I understand that my child will be transported to the nearest hospital and that every effort will be made to contact me, or my specified designate, as soon as possible.

Parent/Guardian Signature _____ Date _____

Photo release

Yes, I hereby grant Camp Kaleidoscope and Keys to Life full permission to use any photographs, recordings, comments, or any other record of this event at any time for any legitimate purpose (this may include myself, participating student, or family members.)

No, do not photograph.

Parent/Guardian Signature _____ Date _____