


Releases Form

Camp Kaleidoscope  June 20-24, 2016
Central Lutheran Church, 1420 Cordova Street, Anchorage www.keystolifealaska.com Shirley Mae Springer Staten, Director

This form is required for each student. Fill out & return with the Registration Form.

Student's Name _____ Birth Date _____ Female Male

Student's Home Address _____ Zip _____ Home Phone _____

Name of Parent/Guardian _____ Address _____

Name of Parent/Guardian _____ Address _____

Reaching parent(s)/guardian(s) during the week of June 20-24, 2016

In order of priority list all cell, work & home phones (with area codes), email &/or effective ways to contact you:

1. _____ 2. _____ 3. _____ 4. _____

Emergency Contact

Name(s)/ Phone Number(s)/ Address(es) of emergency contact if we are unable to reach the above parent(s)/guardian(s):

Picking up your child from camp

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

Medical Info

Doctor's Name _____ Dr.'s Office Phone (_____) _____

Doctor's Office Address _____

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

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

In case of a medical emergency during Camp Kaleidoscope 6/20/16 - 6/24/16

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 above designate, as soon as possible.

Parent/Guardian Signature _____ Date _____

Permission to Photograph

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.)

Parent/Guardian Signature _____ Date _____

Do Not Photograph

Parent/Guardian Signature _____ Date _____