



Alaska Botanical Garden

Alaska Botanical Garden Summer Camp 2021 Camper Information

Camper Name _____

Date of Birth _____ Age _____

Parent or Guardian Name(s) _____

Phone _____ Alternate Phone _____

Primary Emergency Contact Name _____

Phone _____ Alternate Phone _____

Date of last Physical/Health Exam: _____

Medical Information:

Child's Primary Care Physician Name and Contact:

Chronic or recurring illness or medical conditions/ Allergies:

Does the participant carry an EpiPen that they can self-administer for allergies? _____

In case of a medical emergency, please indicate which hospital you prefer _____

Pick Up Authorization:

For the safety of your child, they may be picked up from the program ONLY by those individuals specified by you in writing on this authorization release form. All authorized persons must show a valid license or picture ID, which will be requested by Alaska Botanical Garden staff. In emergencies, a telephone call authorization may be acceptable.

List of people authorized to pick up the participant(s) **including yourself**:

Name	Telephone Number	Relationship to Youth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Drop-off time (earliest is 8:30am): _____ **Pick-up time (latest is 5:15pm):** _____

For parents who selected Before and After Care, please let us know approximately when you will be dropping off and picking up your child each day