



Trinity Lutheran Church and School

CELEBRATE SUMMER PROGRAM



Camper's Name: _____

The following people are allowed to pick up my child from the summer program:

Name _____

Phone Number _____ Relationship to child _____

Name _____

Phone Number _____ Relationship to child _____

Name _____

Phone Number _____ Relationship to child _____

Name _____

Phone Number _____ Relationship to child _____

Parent's Signature

Date

Please complete the other side



Trinity Lutheran Church and School
CELEBRATE SUMMER PROGRAM
Emergency Information



Camper's Name _____
(Please print)

Date of Birth _____

Parent/Guardian Names _____
(Parent's First & Last) (Parent's First & Last)

Address _____
(Street) (Town) (Zip)

Cell Phone _____
(Parent) (Parent)

Daytime Phone _____
(Parent) (Parent)

Home Phone _____
(Parent) (Parent)

When neither parent can be reached and my child is sick or injured, please call:

Name _____ Relationship _____

Daytime Phone _____ Cell Phone _____

I give permission to the staff of Trinity Lutheran Summer Program to administer First Aid to my child. In an emergency, when the parents and the person listed above cannot be reached, I authorize that appropriate measures be taken to secure treatment, including arranging for transportation to the nearest emergency room.

Signature of Parent/Guardian

Date

Please complete the other side