

Emmanuel Christian School

8302 Spruce Street

Manassas, VA 20111

Summer Camp Application

** Please take time and write clearly. It is **very important** that we are able to read the information **

STUDENT NAME

Last _____

First _____ M.I. _____

Date of Birth:

____/____/____

Age _____

Sex: M F

Today's Date ____/____/____

Finished _____ Grade

FATHER/LEGAL GUARDIAN

Last _____ First _____ Middle _____

Address _____ Home () _____

_____ Work () _____

_____ Cell () _____

MOTHER/LEGAL GUARDIAN

Last _____ First _____ Middle _____

Address _____ Home () _____

_____ Work () _____

_____ Cell () _____

Marital Status _____ Who has legal custody of the student? _____

List 2 persons that are authorized to remove your child from camp or be called in case of an emergency if parents cannot be reached.

1. Name _____ Relationship _____

Home() _____ Work() _____ Cell() _____

2. Name _____ Relationship _____

Home() _____ Work() _____ Cell() _____

STUDENT INSURANCE INFORMATION

Name of Health Insurance

Policy Number

Name and Telephone of student's Physician

MEDICAL INFORMATION
(Please check all that apply to your child)

____ Allergies, be specific _____

____ Bee or insect allergy ____ Allergies to Medicines (please list) _____

Are your child's allergies severe enough to require an Epi-pin? ____ Yes ____ No

____ Asthma Does your child use an inhaler? ____ Yes ____ No ____ Scoliosis

____ Diabetes ____ ADD/ADHD, medication? _____

____ Vision: Glasses/Contacts? (circle if appropriate) Visual Handicap, be specific _____

____ Hearing problems:
(circle if appropriate) Tubes in ears? Hearing loss? Left/Right Hearing Aid? ____ Yes ____ No

____ Seizures/Epilepsy --Date of last seizure _____ ____ Previous Surgeries

____ Heart problems, be specific _____ ____ Hemophilia ____ Anemia

____ Digestive, be specific _____ ____ Acanthosis Nigricans

____ Physical/Mental disability, be specific _____

____ Other, please list _____

List all medical conditions for which your child receives continual care

List all medications and dosages your child receives on a continual basis

Parent/Guardian Signature

Date