

JACKSON SCHOOL DISTRICT  
 2020 Summer Child Care Academy  
 PO BOX 739  
 Jackson NJ 08527  
 732-833-4637  
 INFORMATION FORM



**\*Please let us know about any allergies, medications, special needs or adaptive equipment your children need in Summer Camp**

**Children's Information** (please fill out the form completely) Grade entering in Sept. 2020 ↓

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

T-shirt size \_\_\_\_\_ \*Medical/Health Concerns \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

T-shirt size \_\_\_\_\_ \*Medical/Health Concerns \_\_\_\_\_

3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

T-shirt size \_\_\_\_\_ \*Medical/Health Concerns \_\_\_\_\_

\*Please let us know about any allergies, medications, special needs or adaptive equipment\*

**EMERGENCY MEDICAL RELEASE:** If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Child Care staff to act on my behalf in granting permission for my child to receive emergency treatment. Initial & Date \_\_\_\_\_

Medical Insurance \_\_\_\_\_  
 (Company and policy number) \_\_\_\_\_ (name of insured)

**Parent/Guardian #1**

**Parent/Guardian #2**

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
 Email Address: \_\_\_\_\_

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**AUTHORIZED PICK UP/ EMERGENCY CONTACT:** (changes must be in writing from parent) please give the names and phone numbers of two people who may be notified in case of an emergency or illness, when parents/guardians are not available.

Name \_\_\_\_\_ Cell# \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_

Name \_\_\_\_\_ Cell# \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_

Name \_\_\_\_\_ Cell# \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_