

6. IS ANYONE IN YOUR FAMILY BRINGING ANY MEDICATIONS TO CAMP?: YES NO

CHILD'S MEDICATIONS (list all medications you will be bringing with you, including any over the counter meds)

PARENT/LEGAL GUARDIAN'S MEDICATIONS (list all medications you will be bringing, including any over the counter meds)

7. IF YOU HAVE A SPECIFIC FAMILY YOU WOULD LIKE TO BE ROOMED WITH, LIST HERE: _____

PHOTO / VIDEO RELEASE

During the course of this program your family may be participating in an activity that is being photographed (*print or video*). Occasionally these photographs may be used for promotional purposes. Your names, child's cause of burn and any other sensitive information will not be used without further consent.

YES, I GIVE PERMISSION FOR MY FAMILY TO BE PHOTOGRAPHED PER OUTLINE STATEMENT.

NO, I WOULD PREFER THAT MY FAMILY NOT BE PHOTOGRAPHED PER OUTLINE STATEMENT.

PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE

TRANSPORTATION

Transportation will be provided from the following locations. Check your preferred pick up/drop off location. You will be contacted prior to camp to make the final arrangements. If providing own transportation, please arrive at camp no later than 4:30pm on Friday and depart no later than 12:30pm on Sunday.

SHRINERS HOSPITAL (SACRAMENTO)

WILL PROVIDE OWN TRANSPORTATION

STOCKTON

OTHER: _____

IF EXPLANATION NEEDED, PROVIDE HERE: _____

EMERGENCY INFORMATION

MEDICAL INSURANCE PROVIDER

POLICY #

GROUP #

MEDICAL CONTACT

()

PHONE

EMERGENCY CONTACT

RELATIONSHIP

()

PHONE

EMERGENCY CONTACT

RELATIONSHIP

()

PHONE

In the event of an emergency, I hereby give my permission to the **Little Heroes** Preschool Burn Camp medical staff to secure and administer treatment at my expense, including emergency medical or surgical treatment as may be necessary (*including, but not limited to x-rays, routine tests, treatment and necessary related transportation*).

PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE

