4024 Guilford Center Road Guilford Vermont 05301-8454 802-257-4603

Arts Adventure (K-3)Build A Better World (1-5)Stage and Stream (5-8) Camper's Full Name:					
Camper's Age and Birth Date, last grade com	npleted in June:				
Camper's Physical Address:					
E Mail address:					
Parent/Guardian Full Name and Phone Number (1):					
Parent/Guardian Full Name and Phone Number	er (2):				
Would you be able to help with transportation	on? YES NO				
Can Guilford Free Library use a photographic image of your child for our newsletter/brochure/website? YES NO					
In case of emergency, please contact (other 1	than parent/guardian listed above):				
2					
Family Physician (include phone number): Health Insurance Company:					
Policy Number: Activity restrictions:					

Allergies:						
Does your child need to carry a bee sting kit? YES NO If so, please make sure s/he brings it to camp each day.						
Medical conditions (e.g. diabetes, epilepsy):						
Operations or serious injuries (include dates):						
Current medications: If we need to oversee your child taking medication, please provide details.						
Other pertinent information:						
Most recent immunization Rubella:	ons: Polio:	Mumps:		Tetanus:		
If there are any other special needs that we should be aware of to help us in caring for your child, please explain on a separate piece of paper.						
I hereby give permission to Guilford Free Library Camp Staff to carry out standard first aide and CPR, and give permission to medical personnel selected by the camp directors to order x-rays, routine tests, and/or treatment, and to release any records necessary for insurance purposes. I give camp staff permission to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.						
Name			date			
I understand and agree to the following camp rules: Respect myself, respect my fellow campers and the staff, and respect the environment and the library I play and learn in. I understand that if I am not respectful, I may be asked to leave camp.						
Camper Name			Da	te		

This form will be held in confidence and be released only to appropriate individuals.