



**OVERLOOK FARM
SUMMER DAY CAMP APPLICATION FORM**

2005 Session Dates

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> July 4-8 | <input type="checkbox"/> August 1-5 |
| <input type="checkbox"/> July 11-15 | <input type="checkbox"/> August 8-12 |
| <input type="checkbox"/> July 18-22 | <input type="checkbox"/> August 15-19 |
| <input type="checkbox"/> July 25-29 | <input type="checkbox"/> August 22-26 |

Camper's Name: _____ DOB: _____

Address _____ Age @ camp: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Gender: M / F

Mother's Name: _____ Day Phone: _____

Father's Name: _____ Day Phone: _____

EMERGENCY INFORMATION

When parents cannot be reached, who should we contact in case of an emergency?

Name: _____ Phone: _____

Address: _____ Relationship: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Date of last tetanus shot: _____

Any dietary restrictions? _____

Any allergies? _____

PERMISSION FOR MEDICAL TREATMENT OF A MINOR

I am the parent or legal guardian of _____, a minor.

I know that he/she will be attending Day Camp at Heifer Project International's Overlook Farm in Rutland, MA. If he/she becomes ill during Day Camp and I can't be reached, I hereby give permission for the Day Camp Director or Heifer Project International staff to obtain emergency medical treatment for my child.

Date _____ Signature _____

PICK UP AUTHORIZATION

Please list two additional people who are authorized to pick up your child at camp. We will require picture identification and we will only release your child to the people named on this sheet.

1. _____ Phone _____

2. _____ Phone _____

HEALTH FORMS

IF SIGNED BY A LICENSED MEDICAL PROFESSIONAL, they are valid for two years. If you think your form may be valid, please call us to confirm. A new form is not required unless there have been any changes in the camper's health, such as new allergies, medications, etc. Thank You!