

M.I.S.S. Foundation
2008 Kids Camp
Child Registration Form

Child's Name: _____

Date of Birth: _____

Address: _____

Parents/Guardians Name(s): _____

Medical Information

Food Allergies: _____

Allergies: _____

*KIDS CAMP STAFF ARE NOT RESPONSIBLE FOR
DISPENSING MEDICATION TO YOUR CHILD. IT IS THE RE-
SPONSIBILITY OF THE PARENT/GUARDIAN TO
ADMINISTER ANY NEEDED MEDICATION.

In case of an emergency, the list of the following people will
be contacted in order immediately:

1. _____
2. _____
3. _____
4. _____
5. _____

A KIDS CAMP STAFF MEMBER WILL HAVE A CELL
PHONE ON THEM AT ALL TIMES DURING THE HOURS
OF THE CONFERENCE IN CASE PARENTS NEED TO
GET AHOLD OF THEIR CHILD.