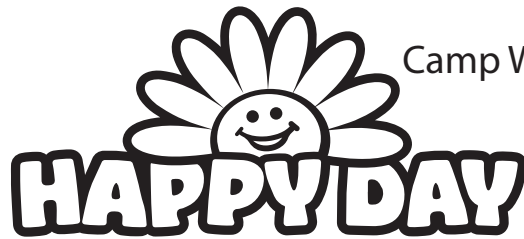


Child Name: _____

Camp Week: _____



CHILD AND PARENT INFORMATION

Child Information

Child Name: _____

Date Of Birth: _____

Age: _____

Mother's Information

Mother's Name: _____

Home Phone #: _____

Cell Phone #: _____

Home Address: _____

Employer: _____

Phone #: _____

Ext: _____

Father's Information

Father's Name _____

Home Phone #: _____

Cell Phone #: _____

Home Address: _____

Employer: _____

Phone #: _____

Ext: _____

The following people have my/our permission to pick up my/our child from HAPPY DAY in the event that I/we cannot be reached.

Pick Up Authorization

Name: _____

Cell Phone #: _____

Phone #: _____

Relationship: _____

Allergies

1: _____ 3: _____

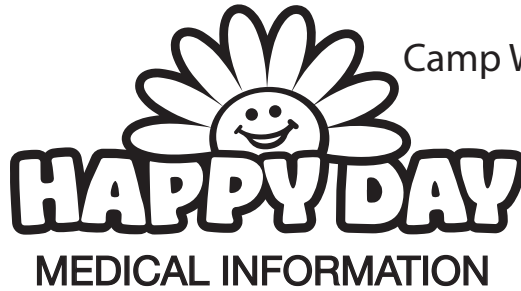
2: _____ 4: _____

Medications: _____

Any other medical conditions we should know: _____

Child Name: _____

Camp Week: _____



Child Information

Child Name: _____

Date Of Birth: _____

Age: _____

Child's Physician

Name _____

Phone #: _____

Address: _____

Hospital Of Choice

Name: _____

Phone #: _____

Address: _____

Insurance Name: _____

Policy #: _____

Policy Holder's Name: _____

USE NEAREST HOSPITAL

EMERGENCY HEALTHCARE AUTHORIZATION

In order to protect _____, in case of a medical emergency,

name of child

accident or sudden illness, I _____ authorize a representative of

parent/guardian

Happy Day to refer my child to his/her own physician, _____.

signature of parent

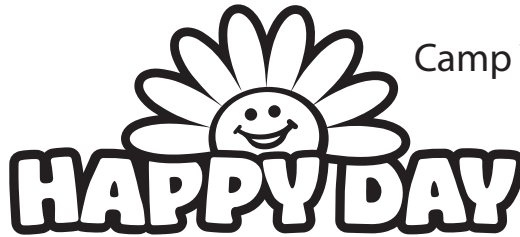
In the event the above mentioned physician cannot be reached, or if time is too critical to attempt to reach me, I request, agree and give approval that my child be transported to the nearest medical facility/hospital of choice. I further authorize the hospital and any attending physicians to perform any and all diagnostic procedures and/or treatments required. In addition, I authorize a representative of Happy Day to secure any medical transportation necessary. I will assume financial responsibility for the emergency treatment and any medical expenses incurred thereafter.

Parent/Guardian Signature: _____ Date: _____

Parent Clearly Written Name: _____

Child Name: _____

Camp Week: _____



PERMISSION TO BE PHOTOGRAPHED

I hereby grant permission for my child, _____, to be photographed or recorded under circumstances which include, but are not limited to the following:

- Photographs to be taken expressly to be given to the parent/guardian.
- Photographs to be used at Happy Day for the purpose of craft items, picture frames, ornaments, etc.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

INSTAGRAM | FACEBOOK PARTICIPATION AUTHORIZATION

Happy Day has an Instagram and Facebook page that we would like to use to promote our play space and to let you share your child's experiences with friends and family.

We would like permission to post photos of the children on the Instagram/Facebook page, with NO TAGGING.

There will be no names attached to the photos to ensure all the children's security.

____ Yes, I give permission for Happy Day to post pictures of my child, _____, to its Instagram/Facebook page with no tag.

____ No, I do not give permission for Happy Day to post pictures of my child, _____ to its Instagram/Facebook page with no tag.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____