



***Shanty Creek Children's Center
Child Information***

Date _____

Child's Name _____

Age _____

Date of Birth _____

Parent's Name(s) _____

Home Address _____

Home Phone # _____

E mail Address _____

Allergies/Diet Information _____

Special Needs _____

Likes or Dislikes _____

Rest Schedule _____

Place & Phone Number Where Parent Can Be Reached: _____

Alternate Contact Person & Phone #: _____

Room Number or Shanty Creek Club Number: _____



I certify that my child is free from any health condition which could pose a risk to other children or adults. _____ Initials

I certify that my child has completed or is in the process of receiving immunizations recommended by the Department of Public Health. _____ Initials

If no, please specify reason: _____

Date of Last Tetanus _____

I hereby ____ Give ____ Do Not Give my permission for photographs, videos, digital images, quotations, and original work of my child along with his or her first name only to be used by Shanty Creek Resorts for media communication without compensation to me. No home address or telephone number will appear with such photo.

Signature of Parent of Guardian

Date

I give Shanty Creek Resorts permission to secure emergency medical and/or emergency surgical treatment for my child while in the care of Shanty Creek Children's Center, Adventure Camp or Camp Gandy.

Signature of Parent or Guardian

Date

Name of Child's Physician or Health Clinic _____

Hospital Preferred for Emergency Treatment _____

Health Insurance Policy # Health Insurance Phone # _____

Immunizations -----Physical -----