

Parent Information

Parent/Guardian 1	
Home Phone	Business Phone
Cell Phone	Email
Parent/Guardian 2	
Home Phone	Business Phone
Cell Phone	Email
Emergency Contact 1: Name:	Relationship:
Phone:	
Emergency Contact 2: Name:	Relationship:
Phone:	

Medical Information

Primary Physician: Phone:
Allergies:
Other Health Concerns:
Medical Insurance Company: Insurance Phone:
Preferred Hospital:

In the event that I cannot be reached in an emergency, I give permission for an employee of MCDS summer camp to call 911 and transfer the child named above off school property to an emergency room or hospital and secure treatment as recommended by medical personnel.

I understand that students must abide by all camp rules. Students whose behavior knowingly or purposefully undermines the camp program will be asked to leave. Use of tobacco, alcohol or illegal drugs is cause for immediate dismissal.

I grant permission to Madison Country Day School to use and publish in MCDS publications and publicity materials (incl. broadcast media and the School's internet website) such pictures, photographs, or likenesses of my child, as the School deems appropriate without identifying my child by name.

Parent Signature

Date

Return this form with your payment to:

Madison Country Day School
Summer Camp
5606 River Road
Waunakee, WI 53597