



CUPERTINO

CAMP CUPERTINO 2022

Participant Emergency and Identification information

PARTICIPANT INFORMATION

Participant Full Name: _____ Birthdate: ___/___/___ Age: _____

Parent/Legal Guardian's Full Name: _____ Cell Phone: _____

Address: _____ City/Zip Code: _____ State: _____

E-mail: _____ Home Phone: _____

Parent/Legal Guardian's Full Name: _____ Cell Phone: _____

Address: _____ City/Zip Code: _____ State: _____

E-mail: _____ Home Phone: _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD (THEY MAY BE CALLED IN CASE OF EMERGENCY):

Name	Phone	Relationship to Participant

PERSONS NOT AUTHORIZED TO PICK UP (IF APPLICABLE)

Name	Phone	Relationship to Participant

MEDICAL HISTORY

Food Allergies Skin/Sunscreen Allergies Environmental Allergies Other

List dietary restrictions here: _____

List current medications and purpose here: _____

Does your child require special accommodations: No Yes, Please explain: _____

SIGNATURE

Parent/Guardian Signature: _____ Date _____