



Emergency Information, Pick Up Authorization & Sunscreen Permission

First Camper's Name: _____

Second Camper's Name: _____

Name of Parent(s) or Guardian(s): _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone(s): _____

(Check box - - for the first number to try in case of an emergency.)

Email Address(es): _____

Please provide an email which you check often. We will be sending out regular notices with updates and important information throughout the summer.

Known Allergies and/or Food Restrictions: _____

Please give detailed information on the Health History and Profile form

Please list up to three people, other than the parent/guardian(s), who are 1) a good alternate contact in case of emergency, and 2) authorized to pick your child(ren) up from camp.

1.) Name: _____

Relationship to Camper(s): _____

Home Phone: _____

Work Phone(s): _____

Cell Phone(s): _____

Email Address(es): _____

2.) Name: _____

Relationship to Camper(s): _____

Home Phone: _____

Work Phone(s): _____

Cell Phone(s): _____

Email Address(es): _____

3.) Name: _____

Relationship to Camper(s): _____

Home Phone: _____

Work Phone(s): _____

Cell Phone(s): _____

Email Address(es): _____

The following individuals are NOT authorized to pick up my child(ren) from camp:

I give permission for the Washington DCJCC counselors to reapply sunscreen to my child as needed. This permission is good through the duration of my child's stay at the 16th Street J's summer camp.

I am sending my own sunscreen (labeled and in a plastic bag in their backpack).



My child has an allergy or sensitivity to certain sunscreens. Please apply their sunscreen first (before touching the other products).

I give permission for the J to apply their sunscreen to my child (Banana Boat Kids, SPF 30-45)

Please **do not apply** sunscreen to my child as they have sensitivity to certain products.

Signature _____

Printed Name _____

Date _____