

JACKSON SCHOOL DISTRICT
2024 Summer Child Care Academy
PO BOX 739
Jackson NJ 08527
732-833-4647



INFORMATION FORM

***Please let us know about any allergies, medications, special needs or adaptive equipment your children need in Summer Camp**

Children's Information (please fill out the form completely) Grade entering in Sept. 2024↓

1. Last Name _____ First Name _____ School _____ Grade _____

*Medical/Health Concerns _____ T-Shirt size _____

2. Last Name _____ First Name _____ School _____ Grade _____

*Medical/Health Concerns _____ T-Shirt size _____

3. Last Name _____ First Name _____ School _____ Grade _____

*Medical/Health Concerns _____ T-Shirt size _____

Please let us know about any allergies, medications, special needs or adaptive equipment

EMERGENCY MEDICAL RELEASE: If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Child Care staff to act on my behalf in granting permission for my child to receive emergency treatment. **Initial & Date** _____

Medical Insurance _____ (Company and policy number) _____ (Name of insured)

Parent/Guardian #1

Parent/Guardian #2

First Name _____
Last Name _____
Home Address _____
City _____ Zip _____
Cell Phone _____
Home Phone _____
Work Phone _____ Ext. _____
Email Address: _____

First Name _____
Last Name _____
Home Address _____
City _____ Zip _____
Cell Phone _____
Home Phone _____
Work Phone _____ Ext. _____
Email Address: _____

AUTHORIZED PICK UP/ EMERGENCY CONTACT: (changes must be in writing from parent) please give the names and phone numbers of two people who may be notified in case of an emergency or illness, when parents/guardians are not available.

Name _____ Cell# _____ Home # _____ Work# _____

Name _____ Cell# _____ Home # _____ Work# _____

Name _____ Cell# _____ Home # _____ Work# _____