



**Alaska  
Botanical  
Garden**

Alaska Botanical Garden Summer Camp 2018 Camper Information

Camper Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Primary Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Medical Information:

Child's Primary Care Physician Name and Contact: \_\_\_\_\_

Chronic or recurring illness or medical conditions:

Allergies (Please include insects and foods.)

Does the participant carry an EpiPen that they can self-administer for allergies? \_\_\_\_\_

Additional health information or anything else we need to know about your child:

In case of a medical emergency, the Alaska Botanical Garden will take your child to the nearest hospital, Providence Health Center. If you do NOT want them to go to Providence Health Center, where do you want them sent in the case of an emergency? \_\_\_\_\_

Pick Up Authorization:

For the safety of your child, they may be picked up from the program ONLY by those individuals specified by you in writing on this authorization release form. All authorized persons must show a picture ID or some type of valid identification, which will be requested by Alaska Botanical Garden staff. In emergencies, a telephone call authorization may be acceptable.

List of people authorized to pick up the participant(s) including yourself:

Name	Telephone Number	Relationship to Youth
_____	_____	_____
_____	_____	_____
_____	_____	_____