

# Pleiades' Palette Summer Art Camp

## Medical and Information Form

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade 2011-2012 \_\_\_\_\_ School \_\_\_\_\_

Parent 1

Home Address	
Parent 1	_____
Address	_____
	_____
Home Phone	_____
Parent 1 Work Address	
_____	
Work #	_____
Cell	_____
Email	_____

Parent 2

Home Address	
Parent 2	_____
Address	_____
	_____
Home Phone	_____
Parent 2 Work Address	
_____	
Work #	_____
Cell	_____
Email	_____

Doctor	_____
Doctor Phone	_____
Insurance Co	_____
Group Name	_____
Group #	_____
Subscriber # or Social Security#	_____

Dentist	_____
Dentist Phone	_____
Dental Plan	_____
Dental Group name	_____
Dental group #	_____
Dental Subscriber# or Social Security #	_____

Medical Alert Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission to give Acetaminophen Yes \_\_\_ No \_\_\_

Permission to give Ibuprofen Yes \_\_\_ No \_\_\_

**Allergies:**

\_\_\_\_\_  
\_\_\_\_\_