



Whitehouse Preparatory School
Little Owl's Summer Camp
Summer 2021
Student Information Sheet



Student Name: Last _____ Middle _____ First _____

Date of Birth _____ Grade entering September 2020 _____ Male Female

PARENT NAME AND ADDRESS

Parents'/Guardians' Name: Last _____ First _____

Home street address _____

City _____ State _____ Zip Code _____ E-Mail _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Mother's Work Phone _____ Father's Work Phone _____

HEALTH HISTORY

Does your child have or is subject to: (circle all that apply and give details below)

Allergies, Asthma, Seizures, Diabetes, Headache, Dizziness/Fainting, Heart Problems, Blood Pressure, Lyme Disease, Kidney/Urinary Disorder, Other: _____

Details: _____

All medications, prescription or over the counter, taken by a camper must be brought to the school office in the original, labeled container/ziploc bag with an authorization form detailing: name, doses and reason for taking medication, signed by parent/guardian. The Authorization Form is available in the school office and is required for the medication to be dispensed at camp. Please send in a Medication Authorization Form (see front office for form).

EMERGENCY INFORMATION

If a parent cannot be reached, please list the names of individuals that the School can contact in case of an emergency:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

PICK UP AUTHORIZATION

Please list the names of ALL the people authorized to pick up your child. We CANNOT release your child to anyone NOT on this list without a note from the parents:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Signature of Parents _____ Date _____