

Pleiades' Palette Summer Art Camp

Medical and Information Form

Child's Name _____ Birthdate _____

Grade 2010-2011 _____ 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:

