



# The Ivy International School Summer Camps

## Child's Information

Last name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Allergies? \_\_\_\_\_

## Parent Information

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home phone \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Emergency Contact (other than parent)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## Release of child

In addition to the parents listed on this form, I authorize The Ivy School to allow my child, \_\_\_\_\_, to leave the facility with the following people only:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### **Authorization for Emergency Medical Attention**

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Please list any special needs that your child may have or other information the school should be aware of:

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I give consent for the facility listed above to secure any and all necessary emergency medical care for my child. I also authorize the persons under “release of child” to leave the school with my child. I certify that all information above is true to my knowledge.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

I understand that pictures and/or videos may be taken for use in trainings, marketing or other promotions. My signature below gives consent for use of photos or videos of my child for these purposes.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

**Camp attending: please circle**

**Camp: 1   2   3   4   5   6   7**

**M/W/F   M-TH   M-F**