

Smart Summer 2008 June 9-July 18

*Project Motivational Math Inc.
5013 Gary Avenue
Fairfield, Alabama 35064
(205) 786-2565 (205) 786-2567 FAX*

CAMPER INFORMATION

Camper Name: _____

Camper Age: _____ Grade: _____ Birthday: _____

Full Mailing Address: _____

Home Phone Number: _____ Other: _____

Parent(s) Name: _____

Emergency Contact: _____

Emergency Phone #: _____

Student Pick Up List:

Name:

Phone Number:

Allergies:

Medications or Special Needs:

Parent Signature _____ **Date** _____

**Project Motivational Math Learning Center
Emergency Contact and Medical Information**

_____ Child's Name		_____ Date of Birth		M F Sex
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name		
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone	
_____ Address		_____ Address		
_____ City, ST ZIP Code		_____ City, ST ZIP Code		

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

Medical Information

_____ Hospital/Clinic Preference	
_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number
_____ Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Parent's/Guardian's Signature	_____ Date
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I give permission for my child to go on field trips. I release the Learning Center and individuals from liability in case off accident during activities related to Project Motivational Math, as long as normal safety procedures have been taken.

_____ Parent's/Guardian's Signature	_____ Date
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