

Kaleidoscope Children's Museum, llc

8 South Main Street, Concord, NH 03301
603-229-4526

ART CAMP REGISTRATION HEALTH FORM & AUTHORIZED PICK-UP ADULTS

Child's Name: _____ Age: _____

Parent(s) Name: _____

Please list any allergies or health concerns your child may have:

Allergy/Concern	Treatment
1.	
2.	

List any emergency medications your child may need such as inhalers/epi-pen etc.

1.
2.

Please list the names and phone numbers of those people who you authorize to pick-up your child from camp. These are the only adults we will release your child to. If we do not recognize them, they will be asked to present a photo ID at the time of pick-up. All children must be picked up in the art room. You will be asked to sign-in and sign-out your child at drop-off and pick-up.

	Name & Relationship	Phone #
1.		
2.		
3.		
4.		

All information above is true and accurate:

X _____
Name

Date Signed