

Bailey Farm Camp Intake Form

Student Information

1. Name: _____

2. Date of Birth: _____

3. Primary Phone: _____

4. Email: _____

5. Address: _____

6. Emergency Contact 1: _____

7. Emergency Contact 1 Relationship: _____

8. Emergency Contact 1 Phone: _____

9. Emergency Contact 2: _____

10. Emergency Contact 2 Relationship: _____

11. Emergency Contact 2 Phone: _____

Medical Information

12. Does your student have any medication or medical concerns?

13. Do we need to know anything else medically about your student?

14. Do your students have any allergies or sensitivities?

Yes

No

Not sure

If yes, please explain:

By signing below, I agree that all the information above is true.

Full Name _____ Date _____

Signature _____ Date _____