

# CAMP BOWIE



## ...CLASS OF 2012

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### Student's Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Student # \_\_\_\_\_

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### Mother's Information

Student's Address Also? Yes No

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

Work Phone \_\_\_\_\_

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### Father's Information

Student's Address Also? Yes No

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

Work Phone \_\_\_\_\_

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### Emergency Contact

Person 1: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone \_\_\_\_\_

Person 2: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone \_\_\_\_\_

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### Health Services Information

Student's Doctor \_\_\_\_\_ Clinic \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Special Medical Conditions/Allergies of Which the School Should be Aware \_\_\_\_\_

Clinic's Phone \_\_\_\_\_

Special Medical Procedures of Which the School Should be Aware \_\_\_\_\_

Student Has Insurance? Yes No

Medications Taken Regularly: At School \_\_\_\_\_ At Home \_\_\_\_\_

Please Indicate Your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Preferences From These Sessions:

_____	Session 1	June 10 - 12	8:30-12:00
_____	Session 2	June 17 - 19	8:30-12:00
_____	Session 3	June 24 - 26	8:30-12:00