



**Imagi Nation Summer Camps**  
3313 Hamilton Blvd.  
Allentown, PA 18103  
610-841-5919  
info@imaginationexp.com



## 2022 Camper Information Sheet

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

### Allergies

Environmental/Medical \_\_\_\_\_

Special Needs/Dietary Restrictions \_\_\_\_\_

Is the camper on any medicines? Please list \_\_\_\_\_

### *Parent/Guardian Signature is required below at each line*

I have read and agree to the policies and procedures outlined in the camp handbook \_\_\_\_\_

Permission to administer minor first aid procedures \_\_\_\_\_

Permission to obtain emergency medical care \_\_\_\_\_

Any other information you would like to share to make your child's first time at camp more enjoyable?

### Emergency Contact Information (other than guardian listed above)

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

Email \_\_\_\_\_ Place of Employment \_\_\_\_\_