

**The Community School**  
**1164 Bunker Hill Road**  
**South Tamworth, NH 03883**  
**(603) 323-7000**

# Summer Camp Registration

Out and About Camp July 27-31 (\$150)     Out and About Camp August 3-7 (\$150)  
 Fee Paid \_\_\_\_\_

Camper's Name \_\_\_\_\_

Age \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Additional Emergency Contact: \_\_\_\_\_

Camper's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist phone: \_\_\_\_\_

Asthma     Epilepsy     Diabetes     Bleeding Disorder

Allergies (to medications, bee stings, foods, etc. – PLEASE BE SPECIFIC):  
\_\_\_\_\_  
\_\_\_\_\_

Name and dosage of all medications taken by the student. If medication must be administered during school hours, medication must be administered by the administrative staff.  
\_\_\_\_\_  
\_\_\_\_\_

Other information that may be of assistance in providing emergency medical treatment to my/our child:  
\_\_\_\_\_  
\_\_\_\_\_

I/We, the undersigned, parents/legal guardians of \_\_\_\_\_, (full name)  
whose date of birth is \_\_\_\_\_, give permission to the employees of Sandwich  
Community School, Inc. ("The Community School"), to act in lieu of the undersigned in the event of a medical  
emergency and seek emergency medical treatment for my/our child during the camp season. I/We understand that  
my/our child will be transported to the nearest emergency facility.

\_\_\_\_\_  
Parent/Legal Guardian

Date: \_\_\_\_\_