



Mountain T.O.P. Child/Youth Permission Slip and Health Form

Full Name of Child _____ Age _____

Special needs your child has that the volunteers and staff of Mountain T.O.P. need to be aware of: _____

Allergies (hay fever, bee stings, foods, medicines, etc.):

Has your child had a tetanus shot in the last year? Yes _____ No _____

Medications currently being taken, if any:

Name _____ Reason _____

Name _____ Reason _____

In the event my child needs treatment from a doctor or hospital/clinic and I cannot be reached immediately, I give my permission for professional treatment by a doctor or hospital/clinic. I also give permission to the Mountain T.O.P. staff and volunteers to administer any current medications and necessary first aid.

Also, my child has my permission to be at the Mountain T.O.P. camp during the week of _____, 2012. I understand that if I am requesting transportation, my child will be picked up at _____ (Location) by 9am and returned to same place no later than 4:30 pm, unless I send a note signed by me which states other wise.

Please check any/all that apply:

___ I will be home when my child arrives.

___ My child may be left at my home if no adults are home at the time.

___ My child may be taken to the home of _____
if I am not at home.

Signature of Parent /Guardian: I, _____

consent for the above mentioned child to go to camp at Mountain T.O.P. the week of _____ 2012.

Emergency Phone Number _____

PLEASE FILL OUT BOTH SIDES OF THIS FORM COMPLETELY



Mountain T.O.P
Kaleidoscope
at Camp Cumberland Pines

Please mail this form and payment to:
PO Box 128 Altamont, TN 37301

Or drop it off at Mountain T.O.P. Camp Cumberland Pines
If you have any questions, contact us at (931) 692-3999

Please fill out ONE SHEET PER CHILD

Kaleidoscope: June 11-15, 2012

Kaleidoscope is a week-long, day camp for 6-11 year olds with special needs or an interest in the arts. During the day, children take part in different workshops based on visual and performing art, such as Drawing, Dance, and Painting. On Friday, they display or preform what they have accomplished during the week, celebrating with friends and family.

Child's Name _____ Birth Date _____

Parent/ Guardian's Name _____

Mailing Address _____ City _____ Zip _____

Community _____ Phone number(s) _____

Physical Address _____

Directions to home _____

Are you home during the day? YES NO If no, when are you available?

Has your child been to Mountain T.O.P before? YES NO If Yes, when? _____

T-shirt size: Youth 6/8 Youth 10/12 Youth 14/16 Adult S Adult M Adult L

Cost: One camp week cost \$20 for program, \$5 for transportation per child

Minimum Deposit with application is \$5.00

PLEASE FILL OUT BOTH SIDES OF THIS FORM COMPLETELY