If parent or guardian is not available, please call relative listed below:

_____ _____ _____

Name of relative (please print) Relationship Phone contact

YOUR INSURANCE CARRIER: _____

Policy number: _____ Group number: _____

Additional comments regarding medical history, allergies, bee sting, food, penicillin or drug reactions, etc., which may be needed in any treatment:

List medication being taken _____

List any allergies and reaction _____

List any dietary needs _____

Please indicate if your child is allowed to swim during their stay at Camp Mokuleia. Certified lifeguards will be provided by NHCO.

_____Yes, my child has permission to swim.
_____ No, my child does not have my permission to swim.

T shirt Size _____

Signature indicates all above information is accurate.

Print Parent Name_____ Parent Signature _____