

*Clarkson Academy's 2024 Summer School Camp for 4th and 5th Graders
Monday August 19th through Thursday August 22nd
9:00 AM - Noon
Cost is \$10.00 per child
2024 Registration and Medical Form*

Student Name _____ Age _____
Please check the grade level your child will be entering in the fall. ___ 4th Grade ___ 5th Grade

Parent/Guardian Contact Information:

Names _____

Address _____
E-mail _____
Parent/Guardian Cell Phone Numbers _____

Medical Information

Emergency Contact Name _____ Phone _____
MD/ Pediatrician's Name _____ Phone _____

Please list any allergies or special needs.

Is there anything else we should know about your child?

In signing this Health Form I hereby certify that the above information is correct and give my permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only, and for the release of medical records to an attending physician in case of illness.

Signature of Parent or Guardian _____ Date _____

Mail checks payable to: Clarkson Historical Society, PO Box 600 Clarkson, NY 14430
Please feel free to email the Society at clarksonhistorical@gmail.com