



Garden Camp 2019 Application

Please fill out and return to Alpa Goswami, Garden to Table Program Manager, at alpag@theopendoorpantry.org. Complete one form per child.

Camper Name _____

Camper Age _____ Camper Gender _____

Parent/Guardian Name _____

Address _____

Email Address _____

Phone Number (home) _____ (work) _____ (cell) _____

How did you hear about this camp? _____

Pick Up:

Anyone picking up a camper must provide a photo ID and be listed below:

Parent/Guardian Name _____ Phone number _____

Parent/Guardian Name _____ Phone number _____

Please list up to 3 people (other than parent/guardian) who are authorized to pick up the camper and should be contact in case of a medical emergency or emergency pick up if parent/guardian cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Does your child have any known allergies? If so, please list _____

Medical Release:

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above.

In the event we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name _____ Hospital Affiliation _____

Address _____ Phone: _____

Medical Insurance Provider _____ Policy and/or Group # _____

I authorize The Open Door as agent for the undersigned to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to rendered under general or special supervision of, any physician or surgeon licensed under the provisions of the MA Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that The Open Door is not responsible for costs incurred for medical care.

Parent/Guardian Signature _____ Date _____

For questions, contact Alpa Goswami, Garden to Table Program Manager, at 651-600-9244 or alpag@theopendoorpantry.org