Sunrise Nightingale Studio: All Praise Summer Camps

Pitter Patter Musical Camp: July 6, 7, 8, 9, 10/2026

Nightingale Choir Camp: July 6, 7, 8, 9, 10/2026

Good Shepherd Lutheran Church, Edgewood, NM

Parents' Names _____ Child attending Camp _____

Cell Phone Numbers _____

Mailing Address _____ Email address _____

Child attending Camp's DOB _____

Child's Allergies _____

Child's Medications Needed _____

(If meds are required, explain) _____

Dietary Restrictions _____

Insurance information: Name of insured _____

Work/company insurance is through _____

Insurance Provider _____

Member ID Number _____

Group Number _____

Pertinent Medical Information/Special Needs: _____

Emergency Contact: Name _____; Relationship _____

Phone: _____

If my child needs pain medication for pain/fever may an adult (21+) administer: Ibuprofen _____ Tylenol _____

Other_____ Dosage you use _____

Please use the back to indicate other information you feel you need to include.

I, _____, consent to allow Lydia Raymond and Good Shepherd Lutheran
(Print parent name)
Church Staff to administer help/care to my child _____, if required during the All
(Print child's name attending retreat)
Praise Camp. I release and Lydia Raymond, Good Shepherd Church, and Good Shepherd Lutheran Church Staff of any liability incurred by an accident at the time of the camps.

_____ _____
(Parent Signature) (Date)