

**Camper Contact Information**

**HyLee Farm  
3460 County Road JG, Mount Horeb WI 53572  
608-437-5530**

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**Student Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents: \_\_\_\_\_

\_\_\_\_\_

**Contact Information**

Primary Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Medical Information**

Allergies: \_\_\_\_\_

Medications \_\_\_\_\_

Physician Name \_\_\_\_\_

Clinic Name/Town \_\_\_\_\_

Phone \_\_\_\_\_

**Pick-up Information**

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\_\_\_\_\_

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**Approved Pick-Up Person(s)**

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