
FOSTER CARE INFORMATION

Name of Student _____

Sponsoring Church _____

City, ST _____

Student's Foster Care Agency _____

Case Workers' Number _____

After Hours Emergency Numbers _____

Are there any people this student should not make or receive phone calls or visits from while at camp?

Are there any behaviors this student may be dealing with that the sponsors should be aware of? _____

Please list any other information that might be useful in assuring this student will have a positive experience at Super Summer: _____

Please attach the following:

1. Copy of Medical Consent from the Court
2. KNCSB Medical Release Signed by Student's Case Worker
3. Challenge Course Agreement Form Signed by Student's Case Worker

NOTE TO SPONSOR: You will need to bring the updated Medical Card with you to camp.
