

Emergency Contact Information and Medical Authorization

Camper's Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____

e-mail _____

Name of emergency contacts _____

Relationship of contact(s) to campers _____

Emergency Contact Phone—please list all daytime phone numbers (home, work, cell)

Physician's Name and Telephone _____

Hospital Preference _____

Insurance Company and Policy Number, Group number

Does your child have any medical conditions which the camp staff needs to be aware of?

Food Allergies _____

In the event that my child needs immediate medical attention, I authorize and give consent for the camp staff to provide such service and/or transport my child to a hospital or treatment facility. I certify that my child is in good health and may participate in all assigned activities. I give my permission for my child to appear in future publications.

Parent's signature _____

Date _____

Please print your name here _____