

Emergency Contact Information and Medical Authorization

Camper's name _____

Address _____

City _____ State _____ Zip _____

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

Name(s) and phone numbers of emergency contacts (daytime phone: home, work, cell)
(please include relationship of contacts to camper):

Physician's name and telephone _____

Hospital preference _____

Insurance company, policy number and group number

Does your child have any medical conditions which the camp staff needs to be aware of? (Please include any necessary medical or behavioral interventions)

Please list medications your child is taking _____

Food or other 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.

Parent's signature _____

Date _____ Please print your name here _____