**EMERGENCY CARD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s First & Last Name** |  | **DOB** |  | **Age** |  |
| **Address** |  |
| **Home Phone** |  | **Camp Name** |  |
| **Who should we contact first?**  | **MOM** | **DAD** | **OTHER** |  |
| **Mom’s Name & Phone #** |  |
| **Dad’s Name & Phone #** |  |
| **EMERGENCY CONTACTS:** | **PHONE #:** |
| **1.** |  |
| **2.** |  |
| **MEDICAL & ACTIVITY RESTRICTIONS (Include allergies, medications, special needs):**  |
| **OTHERS AUTHORIZED TO TAKE CHILD HOME:** |

**EMERGENCY CARD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s First & Last Name** |  | **DOB** |  | **Age** |  |
| **Address** |  |
| **Home Phone** |  | **Camp Name** |  |
| **Who should we contact first?**  | **MOM** | **DAD** | **OTHER** |  |
| **Mom’s Name & Phone #** |  |
| **Dad’s Name & Phone #** |  |
| **EMERGENCY CONTACTS:** | **PHONE #:** |
| **1.** |  |
| **2.** |  |
| **MEDICAL & ACTIVITY RESTRICTIONS (Include allergies, medications, special needs):**  |
| **OTHERS AUTHORIZED TO TAKE CHILD HOME:** |