**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:**  **DOES YOUR CHILD HAVE PERMISSION TO WALK/BIKE HOME AFTER CAMP?** | | | | | | | | | | | | | |