**EMERGENCY CARD**

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| **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?**  |