

## 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 # \_\_\_\_\_ PHONE #: \_\_\_\_\_

Dad's Name & Phone # \_\_\_\_\_ 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?  YES  NO