

## Emergency Information From

(NOTE: completing this form does NOT constitute enrollment in any activity)

Student's Name: \_\_\_\_\_

Camp Name and Date: \_\_\_\_\_

Parent(s)/Guardian Information:

Names: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

Names/phone numbers of persons authorized to pick up child from class:

\_\_\_\_\_

Names of persons NOT authorized to pick up child from class:

\_\_\_\_\_

Names/address/phone numbers of two emergency contacts:

1. \_\_\_\_\_

2. \_\_\_\_\_

Name/address/phone number of student's local physician: \_\_\_\_\_

\_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please list any allergies, physical limitations or additional medical information if applicable: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize my child to be transported to the emergency room and authorize hospital staff to provide treatment if necessary.

\_\_\_\_\_  
Signature and Date