

EMERGENCY INFORMATION

Participant's Name: _____ Date of Birth: _____

Home Address: _____
Home Phone: _____

Allergies/Medical Conditions: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Check the box by the number to call first.

Parent/Guardian #2

Name: _____

Name: _____

Relationship to Participant: _____

Relationship to Participant: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Other: _____

Other: _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Contact #1

Check the box by the number to call first.

Contact #2

Name: _____

Name: _____

Relationship to Participant: _____

Relationship to Participant: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

PEOPLE AUTHORIZED TO PICK UP THIS CAMPER

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

DAY CAMP