

**EMERGENCY INFORMATION CARD**

**Please print:**

Child's Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Where can parents be reached if not home? Birthday \_\_\_\_\_

Mother: \_\_\_\_\_  
Name Address Phone

Father: \_\_\_\_\_  
Name Address Phone

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name \_\_\_\_\_  
Address Phone

Name \_\_\_\_\_  
Address Phone

Date \_\_\_\_\_

In case of accident or serious illness, I request the camp to contact me. If the camp is unable to reach me, I hereby authorize the camp to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the camp may make whatever arrangements seem necessary.

Signature of parent/guardian \_\_\_\_\_

Remarks: \_\_\_\_\_

Allergies: \_\_\_\_\_

May Tylenol Be Given? \_\_\_yes \_\_\_no

Other Conditions: \_\_\_\_\_



Local Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Office Telephone No. \_\_\_\_\_ Other Telephone No. \_\_\_\_\_

*Return form via mail to: Suburban Bethlehem, Attn. LDDC, 6318 W. California Rd., Fort Wayne, IN, 46818  
OR via email to Rachel Gillespie at [grachell67@gmail.com](mailto:grachell67@gmail.com).*