

EMERGENCY INFORMATION CARD 2024

Child's Name _____ Birthday _____
Last First

Address _____ Primary Phone _____

Where can parents be reached if not home? _____

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: _____

Other Conditions: _____



Local Physician's Name _____

Address _____

Office Telephone No. _____ Other Telephone No. _____