EMERGENCY INFORMATION CARD 2025

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._____