

EMERGENCY CONTACT AND MEDICAL INFORMATION

Complete both sides. Please print.

1. CAMPER INFORMATION:

Name _____

Birth Date _____ Age _____

Home Address _____

City, State, Zip _____

Telephone(s) _____

2. PARENT/GUARDIAN INFORMATION:

Name(s) _____

Address _____

City, State, Zip _____

Telephone: Home _____ Business _____

Cell _____ Other _____

3. LIST NAMES OF INDIVIDUALS WHO MAY PICK UP YOUR CAMPER:

_____	_____
_____	_____
_____	_____

4. Do you give us permission to administer children's Benadryl in case of an allergic reaction?

YES _____ NO _____

5. Provide a recent photograph of your child if available. Photo attached? YES _____ NO _____



6. EMERGENCY CONTACTS:

Name(s)	Telephone/Beeper/Cell Phone Number
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_____	_____
_____	_____
_____	_____
_____	_____

7. MEDICAL INFORMATION

List any medical conditions, allergies, medications or any other condition your child has that we should know about. If your child requires prescription medication, indicate the condition to be treated, the medication and the dose required.

Parent/Guardian's Name & Signature:

Print Name

Signature

Date