

# 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**