2021 DAY CAMP
EMERGENCY CONTACT FORM

Each camper must have their own emergency contact form on file at the time of registration. All information must be completed in order to be processed.

CAMPER INFORMATION

Camper's Name _____ DOB _____

Current School _____ **Circle Current Grade (20/21)** PK K 1 2 3 4 5 6 7

FAMILY INFORMATION

Home Address _____
Street City State Zip Code

Parent Name (Mrs., Ms., Mr.) _____ Email _____

Cell Phone _____ Work Phone _____ Home Phone _____

Parent Name (Mrs., Ms., Mr.) _____ Email _____

Cell Phone _____ Work Phone _____ Home Phone _____

In the case of emergency or illness, if a parent/guardian is unavailable or unreachable, please list 2 **local** emergency contacts, other than the parents/guardians. These contacts are authorized to pick up this camper from the camp premises.

Name _____ Relationship to camper _____

Home Phone _____ Cell Phone _____ Work Phone _____

Home Address _____
Address City State

Name _____ Relationship to camper _____

Home Phone _____ Cell Phone _____ Work Phone _____

Home Address _____
Address City State

Camper's Physician _____ Phone Number _____

Camper's Dentist _____ Phone Number _____

I hereby give permission to the IC Day Camp as follows:

- To administer first aid and medication as prescribed, to the above named camper. In the event that further treatment is necessary, every effort will be made to contact the parent/guardian or emergency contacts. If necessary, we will attempt to contact the camper's physician or dentist. If the camp is unable to contact any of the above, the camp has permission to act on the advice of the camp physician. In case of a medical emergency, I hereby grant permission for my camper to be transported by ambulance to an appropriate medical facility, if necessary.
- I understand that the IC does not provide accident or health insurance. I understand that any expenses that are incurred for further medical treatment will be the responsibility of the parent/guardian.

_____ _____
Signature of Parent/Guardian Date