

EMERGENCY CONTACT AND HEALTH FORM

GENERAL INFORMATION

Participant's Name _____ Date of Birth _____
Parent/Guardian Name(s) _____ Phone # _____
Contact E-mail Address _____

NAME OF PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY

Name _____ Cell Phone # _____
Relationship to Participant _____ Work Phone # _____
Other # _____

In case of serious illness or injury and if parent/guardian cannot be reached, will you allow your child to be transported to the doctor or hospital? Yes _____ No _____

I hereby give permission for emergency medical treatment for the above named minor. The parents will accept all expenses of such care.

Signature of Parent or Guardian Date

SPECIFIC MEDICAL INFORMATION: PLEASE PRINT CLEARLY

Health Insurance Company (Required) _____

Group/Policy/Member # _____

Allergies _____

Medications _____ Frequency _____

Other _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

I hereby give permission to camp/clinic personnel to administer prescribed medication to my child.

Signature of Parent or Guardian Date