



A Slice of Summer 2017

Emergency Contact and Medical Information Form

Child's Name: _____ Birth date: _____

Child's Name: _____ Birth date: _____

Child's Primary Address: _____

Parent #1 Name: _____ Cell Number: _____

Parent #2 Name: _____ Cell Number: _____

Name of Child's Physician: _____ Phone Number: _____

Practice Name and Address: _____

Health Insurance Coverage: _____ Policy Number: _____

List any considerations, medical or otherwise, concerning your child: _____

List all allergies, including FOOD and DRUG allergies: _____

List previous accidents or hospitalizations: _____

List all current medications, and reason for use: _____

Persons to be contacted in case of illness or an emergency during camp hours, in the event parents cannot be reached:

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Person(s) to whom my child(ren) may be released:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Program Contract and Medical Release

My child has permission to use all of the play equipment and to participate in all camp program activities. Listed are any special considerations, medical or otherwise, and allergies concerning my child(ren) about which the camp program should be informed.

If my child (above) needs medical treatment, it is my wish that such treatment be started while efforts are being made to contact me and my child's physician. And, that if you cannot contact me or the child's physician, you will call another physician, call an ambulance or have the child taken to an emergency hospital in the company of a staff member as may be appropriate. I accept responsibility for all costs for emergency treatment.

Signature of Parent / Guardian:

Date:
