Emergency Information Form

Home Phone #_____

Camper's Name (please print)_____

Mother's work phone # _____

Father's work phone #_____

Cell Phone # _____/_____
Mother Father

Persons to be called if parents are unavailable:

1. Name_____Phone #_____

Relationship _____

2. Name_____Phone#_____

Relationship_____

In case of an emergency and the above cannot be reached, I hereby give permission to the staff to authorize emergency medical treatment for my child.

Parent's Signature_____Date_____