

# Emergency Contact Information

Date: \_\_\_\_\_

## To Whom It May Concern:

I, \_\_\_\_\_, am the parent/guardian of:

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_

## Emergency Contact Information

Primary Contact Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Secondary Contact (if primary is unavailable)

Contact Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Medical Information

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

## Authorization

I grant permission for my child to participate in all camp activities and authorize the camp staff to administer necessary medical treatment in case of an emergency.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_