

Emergency Contact

Child's name: _____

Your name: _____

Your phone number: _____

Emergency contact name: _____

Relevant phone numbers (specify work, cell, home, etc.): _____

Relationship to child: _____

*list any other emergency contacts on the back of this form

Child Pick Up

Besides you, is there anyone else who might pick up your child from camp this week?

Please list name and relationship to child:

1. _____

2. _____

3. _____

Food Allergies

Does your child have allergies to nuts or dairy? Y N

Additional info: _____

Is there any other relevant health information that we should know while your child is in our care?
