

Summer Camp Emergency Care and Authorization

The staff cannot permit a child to leave with anyone not authorized by the parent or guardian signing this application. If a change is necessary, the parent must notify the school in writing.

Authorized people to pick up my child in the afternoon are:

Name/ Address	Work Phone / Hours	Home Phone / Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Care Information

Name of child's doctor: _____ **Office Phone:** _____

Office Address: _____

Name of child's dentist: _____ **Office Phone:** _____

Office Address: _____

Hospital Preference: _____

Insurance Carrier: _____ **Policy #** _____

Responsible Party to call in case of emergency, if neither the father, mother or guardian can be contacted:

Name / Relationship: _____ Phone _____

Name / Relationship: _____ Phone _____

Name / Relationship: _____ Phone _____

I agree that the Director may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

Parent 1 Signature _____ Date _____

Parent 2 Signature _____ Date _____