



**EMERGENCY CONTACT**

**SECTION I: GENERAL INFO**

Camper Name \_\_\_\_\_  
Grade (entering in the fall) \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION II: GENERAL MEDICAL/INSURANCE INFO**

Primary Physician/Pediatrician's Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Medical Insurance Co \_\_\_\_\_  
Policy # \_\_\_\_\_ I.D. # \_\_\_\_\_  
Name of Insured \_\_\_\_\_ S.S.N. # for Policy Holder \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_

PLEASE INCLUDE A PHOTOCOPY OF YOUR CHILD'S HEALTH INSURANCE CARD.

**SECTION III: EMERGENCY INFO**

**(Parent/guardian called first unless otherwise requested by parent/guardian)**

Mother/Guardian \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Father/Guardian \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Cell Phone \_\_\_\_\_

ADDITIONAL EMERGENCY NAMES AND PHONE NUMBERS MUST BE FILLED OUT OR THE FORM WILL BE RETURNED TO BE COMPLETED.

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_