

Child's Name: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

*Please list all emergency contact information. Fill form out completely.*

Camp your child is enrolled in: \_\_\_\_\_ Date(s): \_\_\_\_\_

1<sup>st</sup> Contact:

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

Relationship to child: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_

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

2<sup>nd</sup> Contact:

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

Relationship to child: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_

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

Any allergies we should know about food or environment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any medical information we should know about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_