

EMERGENCY/HEALTH INFORMATION (complete for each child)

Name of Child _____ Camp Dates _____
Parent/Guardian Phone #1 _____ #2 _____
Emergency contact person (other than parents): _____
Relation _____ Home phone _____ Cell phone _____
Child's physician _____ Phone _____
Medical Insurance Carrier _____ ID# _____
Limitations/Medications/Allergies (e.g. peanuts, bees...) _____

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