



DAY CAMP UNDER THE STARS  
July 16-17, 2010  
EMERGENCY CONTACT FORM



CHILD'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

EMERGENCY PHONE(\_\_\_\_) \_\_\_\_\_ EMERGENCY CONTACT(\_\_\_\_) \_\_\_\_\_

WILL CAMPER BE ARRIVING LATER THAN 5:00 P.M. ON JULY 16? IF YES, WHEN? \_\_\_\_\_

PERSON PICKING UP CHILD ON JULY 17 \_\_\_\_\_

TYPE OF VEHICLE IN WHICH CHILD WILL BE TRANSPORTED \_\_\_\_\_

LICENSE PLATE NUMBER \_\_\_\_\_

**MEDICAL**

ALLERGIES \_\_\_\_\_

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

WHAT WOULD YOU LIKE US TO KNOW ABOUT YOUR CAMPER? \_\_\_\_\_

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

Parental Signature

Date

\*\*\*\*\*PLEASE BE SURE TO SIGN WAIVER ON BACK OF FORM\*\*\*\*\*