

# Emergency Information

## Emergency Contact Information – Alternate Pickup/Release

### **Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relation to child \_\_\_\_\_

### **Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

## **Medical Information/ Authorization: Health History**

Insurance Information

Policy Number \_\_\_\_\_

Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, etc.)

<b><u>Medical Problem</u></b>	<b><u>Required treatment</u></b>	<b><u>Should paramedics be called?</u></b>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_ No\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_ No\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_ No\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problems, which may interfere with or alter treatment.

**In case of medical emergency contact:**

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

**Parent Authorization:**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except noted by more or physician. I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_