

NEW MEADOW DAY CAMP
EMERGENCY FORM

Please print clearly.

Child's name _____ Birthdate _____

1st Parent/guardian

2nd Parent/guardian

Name _____ Name _____

Address _____ Address _____

Home phone _____ Home phone _____

Cell phone _____ Cell phone _____

Work phone _____ Work phone _____

Emergency contact (*Person to contact in the event a parent or guardian cannot be reached.*)

Name _____ Relationship to child _____

Home phone _____ Cell phone _____ Work phone _____

Medical information

Doctor's name _____ Phone _____

Dentist's name _____ Phone _____

Is your child on any medication? Yes No

If yes, what medication(s)? _____

Does your child take medication during the camp day? Yes No

If yes, when is it taken? _____

Does your child have any allergies we should be aware of? Yes No

If yes, what allergies? _____

**In case there is an emergency and a parent or guardian cannot be contacted,
this form allows for treatment by a licensed physical or emergency personnel.**

Insurance company _____

Policy # _____ Group # _____

Parent's signature _____ Date _____