

Emergency Contact and Pick-up Authorization

Camper's Last Name: _____ **First Name** _____

Date of Birth: _____ **Sex:** **F** **M**

Name of Parent(s) / Guardian(s):

1) _____ Phone # _____ Additional # _____

2) _____ Phone # _____ Additional # _____

Name of individual(s) allowed to pick-up the student in addition to the names listed above. *(Persons not on this form WILL NOT be allowed to pick up any student. Photo ID will be required)*

1) _____ Relationship _____

2) _____ Relationship _____

3) _____ Relationship _____

4) _____ Relationship _____

My son/daughter has the following allergies:

He/she takes the following medications (staff will not administer any medication):

Any other special concerns we should be aware of (medical, emotional, dietary):

Primary physician's name:

_____ Phone # _____

Parent/Guardian Print Name

Parent/Guardian Signature

Date