

# Kids Kamp Emergency Information 2019

## Camper Information (one form per child)

Camper Name: \_\_\_\_\_  
First Name Last Name

## Parent Information

Parent Name: \_\_\_\_\_ Contact Phone (cell/home/work): \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact Phone (cell/home/work): \_\_\_\_\_

Primary email address:(**PRINT CLEARLY**) \_\_\_\_\_

## Allergy/Medical Information

Does your child suffer from any allergies or have any other medical conditions of which you would like our staff to be aware? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe:

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

\* Please note: If your child requires any medicine on site (including an EpiPen or Benadryl), all medications must be clearly labeled and bagged and must be accompanied by a doctor's note. Only certified staff will administer any medications.

## Miscellaneous Information

In case of an emergency, Kids Kamp staff will make every effort to contact a parent at the contact phone number(s) above. If we are unsuccessful, please list an alternate contact & your physician.

Alternate Emergency Contact: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## Photography

Throughout the summer, we will be taking photographs and short video clips which may be used for promotional (including facebook) or advertising purposes. Children's names will not be included.

I DO NOT wish your child to be photographed, please sign here \_\_\_\_\_

**Alternate pick-up** permission (other than parents and not listed above as Emergency Contacts):

Parent Name: \_\_\_\_\_ Contact Phone (cell/home/work): \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact Phone (cell/home/work): \_\_\_\_\_