

## EMERGENCY INFORMATION

NAME OF CHILD _____	BIRTHDATE _____
ADDRESS _____	
MOTHER'S OR GUARDIAN'S NAME _____	DAY PHONE _____ CELL _____
MOTHER'S WORKPLACE NAME AND PHONE NUMBER _____	
FATHER'S OR GUARDIAN'S NAME _____	DAY PHONE _____ CELL _____
FATHER'S WORKPLACE NAME AND PHONE NUMBER _____	
NAME OF CHILD'S PHYSICIAN OR SOURCE OF MEDICAL CARE _____	PHONE _____
ADDRESS OF PHYSICIAN _____	
ALLERGIES OR SPECIAL CONDITIONS _____	
MEDICATIONS, DOSAGE, TIMES TO BE TAKEN _____	
HEALTH INSURANCE _____ POLICY # _____	
THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO DROP OFF (SIGN IN) AND PICK UP (SIGN OUT) MY CHILD:	
FIRST AND LAST NAME: _____	PHONE NUMBER _____
FIRST AND LAST NAME: _____	PHONE NUMBER _____

● IN THE EVENT OF AN EMERGENCY I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL EXPENSES SHOULD MY CHILD NEED MEDICAL TREATMENT. ● I GIVE MY PERMISSION FOR THE CAMP STAFF TO AUTHORIZE NECESSARY MEDICAL TREATMENT. ● I GIVE MY PERMISSION FOR LANCASTER REC STAFF TO ADMINISTER MY CHILD'S MEDICINE ACCORDING TO MY WRITTEN INSTRUCTIONS ON THIS FORM. I ALSO GIVE MY PERMISSION FOR SOOTH-A-STING TO BE APPLIED TO MY CHILD IF NECESSARY. ● I WILL BE ASKED TO PICK UP MY CHILD FROM CAMP IF HE/SHE HAS A CONTAGIOUS ILLNESS.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_