

# Contact Info

Please fill in the important information below, including area codes.

CHILD'S NAME: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_

EVENING PHONE: \_\_\_\_\_

MOTHER'S CELL #: \_\_\_\_\_

MOTHER'S EMAIL: \_\_\_\_\_

FATHER'S CELL#: \_\_\_\_\_

FATHER'S EMAIL: \_\_\_\_\_

**(Emergency Contact other than a parent)**

EMERGENCY CONTACT #1: \_\_\_\_\_

EMERGENCY CONTACT'S PHONE #: \_\_\_\_\_

EMERGENCY CONTACT #2: \_\_\_\_\_

EMERGENCY CONTACT'S PHONE #: \_\_\_\_\_

The following person(s) are authorized to pick up my child

Name	Relationship
1. _____	_____
2. _____	_____

**ALLERGIES**

(If child does not have allergies, please indicate by writing "NONE" by Allergies)

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATION TAKEN: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

DOCTOR'S PHONE #: \_\_\_\_\_

**NOTE: Medication cannot be administered without a doctor's note. Please call the camp to discuss your child's allergies. We will have his/her counselor contact you prior to the first day of camp**

