

CHILD'S NAME _____ DATE OF BIRTH _____ AGE _____ MALE FEMALE

NAME OF PARENT(S) _____

HOME PHONE _____ WORK PHONE _____ WIRELESS PHONE _____

ADDRESS _____

EMERGENCY INFORMATION: LIST ALTERNATE PERSONS TO CALL IN CASE OF EMERGENCY

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

PHYSICIAN _____ PHONE _____

HAVE YOU ATTENDED CAMP PREVIOUSLY? YES NO YEARS _____

PRESENT MEDICATIONS _____

SEVERE ALLERGIES _____ *Please write any additional comments on the back side of this card.*

