

A-Day Camp, Inc. Emergency Form

Child's First Name _____ Last Name _____

Birth Date ____/____/____

Camp Session _____

Current Grade Level ____

Street Address _____

City _____

Father's Name _____ Daytime Phone _____

Mother's Name _____ Daytime Phone _____

Cell Phone Numbers _____

Person's To Be Called In Case Of Emergency

Name _____ Phone _____

Name _____ Phone _____

Physicians Name _____ Phone _____

Is your child taking and special medication we should be aware of?

Any serious allergies we should be aware of? _____

Any special needs we should be aware of? _____

In the event of extreme emergency, if parent or emergency contacts cannot be reached, I
give permission for A-Day Camp to arrange proper medical care at _____
Hospital, or any other medical or dental facility.

Signature _____ Date _____