



Havre de Grace Decoy Museum Summer Camp Emergency Contact Form

2024

Child's Information:

Child's Name: _____ M or F: _____ Date of Birth: _____

Name the child prefers to be called: _____ Grade as of June 2023: _____

Primary Guardian's Information:

Primary Guardian's Name: _____ Cell Phone #: _____

Physical Address: _____

Mailing Address: _____

E-mail Address: _____ Home #: _____

Employer: _____ Employer Phone #: _____

Relationship to child: _____ Best way to reach you while child is at our program: _____

Secondary Guardian's Information:

Secondary Guardian's Name: _____ Cell Phone #: _____

Mailing Address: _____

E-mail Address: _____ Home #: _____

Employer: _____ Employer Phone #: _____

Relationship to child: _____ Best way to reach you while child is at our program: _____

List persons who can either pick up and/or assume responsibility for your child(ren) in the event of an emergency if parents cannot be reached. At least one non-guardian contact person must be listed with their phone number:

Persons **NOT** authorized to pick up or drop off your child (attach legal documents): _____

Does your child have any health concerns (medications, chronic conditions, behavioral or mental disabilities) that we should know about in order to facilitate safe and successful participation? ☐ Yes ☐ No

If yes, please describe: _____

Known allergies and reactions: _____

Medications and frequency of use: _____

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Please give any additional information concerning your child, which may be helpful: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

I hereby give permission to the Havre de Grace Decoy Museum staff to secure emergency medical and/or surgical treatment for my child while in their care. All expenses of such care will be accepted by the parent(s)/legal guardian, including fees for an ambulance, if deemed necessary by staff.

I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is at hand or circumstances do not allow.

Signed: _____

Parent or Legal Guardian

Date: _____

Printed Name: _____