CAMP ADDISON 2023

EMERGENCY FORM

INSTRUCTIONS TO PARENTS: Complete all items on this form. Sign and date where indicated. If your child has a medical condition which might require emergency medical care, complete the "Emergency Medical Instructions" portion of this form. If necessary, have your child's health practitioner review that information.

Note: This Entire Form Must Be Updated Annually.

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Phone (h) _____ (w) _____
Last First

Address _____
Street Apt. # City State Zip Code

2. Name _____ Phone (h) _____ (w) _____
Last First

Address _____
Street Apt. # City State Zip Code

Child's Physician or Source of Health Care _____ Phone _____

Address _____
Street Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the camp facility to have your child transported to that hospital. We give permission to physicians selected by Camp Addison, on our behalf, to secure treatment for and/or to hospitalize the child named above in the event of an emergency – including, on the recommendation of a physician, injections and/or anesthesia and/or surgery.

Signature of Parent/Guardian _____ Date _____

Child's Name _____ Birth Date _____
Last First

Child's Home Address _____
Street Apt. # City State Zip Code

Mother's Name _____ Phone (h) _____
Last First

Mother's Employer _____
Name Address

Mother's Home Address (*If different from above)* _____
Street Apt. # City State Zip Code

Phone (w) _____ Phone (c) _____

Father's Name _____ Phone (h) _____
Last First

Father's Employer _____
Name Address

Father's Home Address *(If different from above)* _____
Street Apt. # City State Zip Code

Phone (w) _____ Phone (c) _____

EMERGENCY MEDICAL INSTRUCTIONS:

Signs/symptoms to look for _____

If signs/symptoms appear, do this _____

(3) To prevent incidents _____

_____

Other Special Medical Procedures That May Be Needed _____

_____