

CHILD EMERGENCY FORM

This form will remain at your child's camp and be referred to by our Camp Directors. Only individuals named on this sheet are allowed to pick up your child and must show photo I.D. to our staff members. Changes to this form can be made at any time. Please talk to your child's Camp Director to do so.

Child's Name: _____ Gender: _____ Birth Date: _____ Age: _____
Address: _____ City: _____ Zip: _____

EMERGENCY CONTACTS:

Parent/Guardian's Name: _____	Parent/Guardian's Name: _____
Home Phone Number: _____	Home Phone Number: _____
Work Phone Number: _____	Work Phone Number: _____
Cell Phone Number: _____	Cell Phone Number: _____
Email: _____	Email: _____
Alternative Contact 1: _____	Alternative Contact 2: _____
Home Phone Number: _____	Home Phone Number: _____
Work Phone Number: _____	Work Phone Number: _____
Cell Phone Number: _____	Cell Phone Number: _____

EMERGENCY INFORMATION:

Consent for Medical Treatment: As the parent/legal guardian, I hereby give consent to the Carmichael Recreation and Park District to obtain all emergency medical or dental care deemed necessary by a duly licensed physician (M.D.) or dentist (D.D.S.) for (child's name) _____. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent/Guardian Signature: _____ Date: _____
Medical Conditions: _____ Physician: _____
Allergies: _____ Address: _____
Current Medications: _____ Phone Number: _____
Phone Number: _____ Insurance Company: _____

AUTHORIZED INDIVIDUALS TO BRING AND TAKE YOUR CHILD TO AND FROM THE FACILITY:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____