



## 2019 Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency. Please be sure to sign and date this form. Only fill in parent phone and address information if different than camper.

CAMPER INFORMATION			
NAME		DATE OF BIRTH	
ADDRESS			
CELL PHONE		ALT PHONE	
PARENT/GUARDIAN #1		PARENT/GUARDIAN #2	
CELL PHONE	ALT PHONE	CELL PHONE	ALT PHONE
ADDRESS		ADDRESS	
EMERGENCY CONTACT #1			
NAME		RELATIONSHIP	
ADDRESS			
CELL PHONE		ALT PHONE	
EMERGENCY CONTACT #2			
NAME		RELATIONSHIP	
ADDRESS			
CELL PHONE		ALT PHONE	
MEDICAL INFORMATION			
HOSPITAL/CLINIC PREFERENCE			
PHYSICIAN NAME		PHONE	
INSURANCE CO		POLICY #	

**Comments:** (include any special medical or personal information you would want an emergency care provider to know – or special contact information)

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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_