

MIDDLESEX CAMP EMERGENCY INFORMATION

CAMPERS NAME _____ BIRTHDATE _____
(LAST) (FIRST) (MI)

PARENTS NAMES _____

ADDRESS _____ PHONE _____

MOTHERS EMPLOYMENT _____

MOTHERS WORK PHONE _____ CELL _____

FATHERS EMPLOYMENT _____

FATHERS WORK PHONE _____ CELL _____

IN CASE OF EMERGENCY CALL _____ RELATIONSHIP _____

HOME NUMBER _____ CELL _____

IF ABOVE CANNOT BE LOCATED:

1. NAME _____ RELATIONSHIP _____
HOME NUMBER _____ CELL _____

2. NAME _____ RELATIONSHIP _____
HOME NUMBER _____ CELL _____

PEDIATRICIAN _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

HOSPITAL OF CHOICE: STAMFORD _____ NORWALK _____ GREENWICH _____

ADDITIONAL EMERGENCY INFORMATION:

(allergies, medications, etc)

SIGNATURE OF PARENT OR GUARDIAN

DATE