

**Emergency Medical Information**

Camper's Name: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Emergency Contact Information In case of an, Emergency Please Contact and Notify:

1.

Name	Phone (H)	Phone (W)	Phone (C)
2.			

2.

Name	Phone (H)	Phone (W)	Phone (C)
3.			

3.

Name	Phone (H)	Phone (W)	Phone (C)

Does your child have health care insurance? (Circle one) Yes / No

Local Physician's Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Local Dentist's Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Health Plan Name: \_\_\_\_\_ Policy

Number: \_\_\_\_\_

Health Concerns (Allergies, medical conditions, etc.): \_\_\_\_\_

**Emergency Power of Attorney**

In the event of an accident or sudden or unexpected illness of my child, if I cannot be contacted, I authorize the school staff to call the physician named above and follow their instructions. Should the named physician not be available, I further authorize, in my place and in my stead, the school to seek the services of any qualified physician and to transport my child to the physician's office or hospital for treatment including x-rays, laboratory tests, or whatever medical or surgical treatment and agree to pay the customary fees or charges for such treatment. I also give permission to release medical information to staff as necessary. (All medical information is considered confidential).

\_\_\_\_\_  
Mother's Signature Date Father's Signature

\_\_\_\_\_  
Date