

Emergency Contact Form Summer Adventure 2008

Child's Name _____ Age _____ Group _____

Allergies/Medical Condition(s)/Medication(s) _____

Parent/Guardian(s) Name(s) _____

Phone # _____ Phone # _____

Alternate # _____ Alternate # _____

Cell # _____ Cell # _____

ALTERNATE EMERGENCY CONTACTS

(In the event a Parent/Guardian can not be reached)

Name _____ Name _____

Phone # _____ Phone # _____

Alternate # _____ Alternate # _____

Cell # _____ Cell # _____

Relationship to child _____ Relationship to child _____

I, _____ Parent/Guardian having legal custody of _____, authorize Woodstock Day School Summer Adventure, or my representative indicated on this form, to consent to emergency medical diagnosis or treatment, by a licensed physician or at a hospital or medical facility, should the need arise. In such an event, I agree to hold harmless and indemnify Woodstock Day School Summer Adventure for any and all claims for personal and medical expenses arising thereafter. I also give Woodstock Day School Summer Adventure permission to release the medical information held by the camp to any person listed on this form in the event of a medical emergency if efforts to contact me have failed.

Signature of Parent/Guardian

Date