

## EMERGENCY FORM 2012

Directions: Fill out one per child.

Shirt size: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Camper's Address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Address (if different from above) \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work#: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Address (if different from above) \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work#: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of person(s) authorized to pick up child:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ **Code word:** \_\_\_\_\_

When parents cannot be reached, list at least one person who we may contact in case of an emergency, more spaces are available for more names.

**1. Name:** \_\_\_\_\_ Home#: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

**2. Name:** \_\_\_\_\_ Home#: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

**3. Name:** \_\_\_\_\_ Home#: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

\*\*If your child has had an emergency that the workers of Adventures in Camp, LLC believes requires immediate medical attention, 911 will be called and your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Parents /Guardians will be contacted immediately! Your signature authorizes the responsible person at Adventures in Camp, LLC to have your child transported to that hospital.\*\*

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify (or declare) under penalty of perjury under the laws of the State of Maryland that the foregoing is true and correct.

PARENT/GUARDIAN'S SIGNATURE & DATE: \_\_\_\_\_

Completely fill out ALL areas. Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Completely fill out ALL areas. Checked by: \_\_\_\_\_ Date: \_\_\_\_\_ Page 1 of 1