

EMERGENCY CONTACT(S):

NAME: _____ RELATIONSHIP TO CHILD: _____

PHONE NUMBER: _____

ADDRESS: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

PHONE NUMBER: _____

ADDRESS: _____

STAFF USE:

MEDICATIONS CHECKED IN _____ MEDICATION CARD FILLED OUT _____

(PLACE IN BAGGIE WITH CAMPERS MEDICAL CARD FILLED OUT)

APPLICATION REVIEWED FOR FOOD AND DRUG ALLERGIES _____

APPLICATION REVIEWED FOR SPECIAL NEEDS _____

NAME OF STAFF COMPLETING APPLICATION _____