

TRIPLE-A SUMMER CAMP

MUST RETURN THIS DOCUMENT WITH YOUR PAYMENT

2024 Emergency Information Form

Camper Name: _____ Grade Entering in Sept. 2024: _____ Gender: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____

E-mail address: _____

Mother/Guardian Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Place of Employment: _____ Work Phone: _____

Father/Guardian Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Place of Employment: _____ Work Phone: _____

Family Physician: _____ Phone: _____

Known Allergies: _____

Is your child on any kind of medication(s)? If so, please list name, dosage, and frequency. _____

Is there any other information that we should be aware of that will assist your child? _____

The following persons are authorized to pick up my child from camp or can be contacted in an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Photographs and videos are taken during camp and may be used as promotional material in our weekly newsletter, quarterly Recreation Booklet &/or the Internet. Your child's accomplishments in camp may also be published. With your signature, you are granting 2024 Triple A Summer Camp Staff permission to include your child in the media events listed above. You also acknowledge that you have read and agree to comply with the policies, procedures, rules, and regulations of 2024 Triple-A Summer Camp.

Parent/Guardian Signature: _____ Date: _____