

Camp Keyspot 2019

Emergency/Medical Contact Information and Activity Permission Slip for a Child

Child's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

()

()

()

()

Cell/Work Phone 1

Cell/Work Phone 2

Cell/Work Phone 1

Cell/Work Phone 2

Email

Email

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

()

()

()

()

Cell/Work Phone

Cell/Work Phone

Cell/Work Phone

Cell/Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Allergies/Special Health Considerations:

Physician's Name

Phone Number

Insurance Company

Policy Number

Dentist Name

Phone Number

Dental Insurance Name

Policy Number

Continued on other side.....

