GETTYSBURG COUNTRY DAY CAMP
EMERGENCY CONTACT FORM

CHILD'S LAST NAME | FIRST NAME | MIDDLE | DATE OF BIRTH | AGE

HOME ADDRESS | CITY | STATE | ZIP

CUSTODIAL PARENT OR GUARDIAN | EMERGENCY PHONE NUMBER

HOME ADDRESS | HOME PHONE NUMBER

EMPLOYER AND WORK ADDRESS | WORK PHONE NUMBER

SECOND CONTACT/PARENT/GUARDIAN | EMERGENCY PHONE NUMBER

HOME ADDRESS | HOME PHONE NUMBER

EMPLOYER AND WORK ADDRESS | WORK PHONE NUMBER

THIRD CONTACT IN CASE OF EMERGENCY | RELATION

ADDRESS | EMERGENCY PHONE NUMBER

Insurance information:

Is the participant covered by family medical/hospital insurance? Yes _____ No _____

INSURANCE CARRIER ADDRESS | GROUP # | NAME OF INSURED

SOCIAL SECURITY NUMBER OF POLICYHOLDER OR INSURANCE ID #

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the camp director, to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes/ and to provide or arrange necessary related transportation for the above child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, to secure and administer treatment, including hospitalization, for the person named above.

Mail Packet and Payments To:
Gettysburg Country Day Camp
3340 Fairfield Rd.
Gettysburg, PA 17325

PARENT/GUARDIAN SIGNATURE | **DATE**

WITNESS | **DATE**