



Camper Contact Information

Camper Name: \_\_\_\_\_

Camper Address: \_\_\_\_\_

Camper Primary Care Doctor: \_\_\_\_\_

Emergency Contact #1

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The following adults are authorized to pick up my camper:

_____	_____
_____	_____
_____	_____

Additional information for emergency action (allergies/medical conditions/medicine etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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