

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  MALE  FEMALE

NAME OF PARENT(S) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ WIRELESS PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**EMERGENCY INFORMATION:** LIST ALTERNATE PERSONS TO CALL IN CASE OF EMERGENCY

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

HAVE YOU ATTENDED CAMP PREVIOUSLY?  YES  NO YEARS \_\_\_\_\_

PRESENT MEDICATIONS \_\_\_\_\_

SEVERE ALLERGIES \_\_\_\_\_ *Please write any additional comments on the back side of this card.*

