



EMERGENCY CONTACT INFORMATION

I give permission that, in the event of an emergency, injury or illness, staff members in charge of the trip may authorize and obtain medical treatment for my child.

Child's Name (print) _____

DOB ____/____/____

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____

Emergency contact name: _____

Phone Number () _____ - _____

Known allergies/Affects:

Physician's Name and Contact Information _____

Signature _____ Date _____

Any Additional Information: