

# CHOICE CITY CHRISTIAN CAMP, LLC

## EMERGENCY CARD

Child's Name: \_\_\_\_\_ Shirt Size (circle one) –Youth: S M L or Adult: S M L  
Address: \_\_\_\_\_ School: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency contacts if parents are unavailable:

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

Name(s) or person(s) other than parent to whom child may be released:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

### Specific Medical Information

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_ Frequency: \_\_\_\_\_

Other: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Office Hours: \_\_\_\_\_

Hospital preferred: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Office Hours: \_\_\_\_\_

I hereby give permission to Choice City Christian Summer Camp, LLC to secure emergency medical and/or surgical treatment for the above named minor child while in care of the above named camp. All expenses of such care will be accepted by the parents.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date