

SUMMER CAMP'10

EMERGENCY AND DISMISSAL INFORMATION

For Office Use Only:
 Olami
 Summer Quest
 SIT
 Extended Care

Camper's Name _____ Birthdate _____ Entering Grade _____
Address _____

PARENT INFORMATION

1. Name _____ Work Phone _____
Home Phone _____ Cell Phone _____ E-mail _____
2. Name _____ Work Phone _____
Home Phone _____ Cell Phone _____ E-mail _____

EMERGENCY CONTACTS/AUTHORIZED INDIVIDUALS WHO MAY PICK UP MY CHILD

1. Name _____ Relationship to Camper _____
Home Phone _____ Work Phone _____ Cell Phone _____
2. Name _____ Relationship to Camper _____
Home Phone _____ Work Phone _____ Cell Phone _____

OTHER PEOPLE AUTHORIZED TO PICK UP MY CHILD

1. Name _____ Relationship to Camper _____ Phone _____
2. Name _____ Relationship to Camper _____ Phone _____
3. Name _____ Relationship to Camper _____ Phone _____
4. Name _____ Relationship to Camper _____ Phone _____

MEDICAL INFORMATION

Physician _____ Phone _____
Date of last DPT _____ Allergies _____
Medications _____
Other Significant Medical Information _____
Dentist _____ Phone _____

IMPORTANT – SIGNATURE REQUIRED FOR ATTENDANCE.

I give permission to the Sabes Jewish Community Center to take whatever emergency (e.g. first aid, evacuation, etc.) measures are judged necessary for the care and protection of my child while under the supervision of any Sabes JCC program.

In case of a medical emergency, I understand that my child will be transported at my expense to the nearest hospital by the local emergency unit for treatment, if the local emergency resource (EMS Personnel) deems it necessary.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult on the parent's behalf.

PARENT OR GUARDIAN SIGNATURE: _____

DATE: _____