



## Camper Emergency Information Form

Additional copies available online @ [www.Globalchildrenscenter.com](http://www.Globalchildrenscenter.com)

This form must be complete and returned with application

Child's Name:

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Camp Attending: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parents cell: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents cell: \_\_\_\_\_ Phone: \_\_\_\_\_

When parent cannot be reached, please list alternate emergency contacts:

Name (last): \_\_\_\_\_

(First): \_\_\_\_\_

Telephone (day time):

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Cell/Phone:

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Name (last): \_\_\_\_\_ (First): \_\_\_\_\_

Telephone (day time):

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Cell/Phone:

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Name (last): \_\_\_\_\_ (First): \_\_\_\_\_

Telephone (day time):

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Cell/Phone:

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In emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes our staff at the camp facility to have your child transported to the hospital.

I have attached a recent photo of my child with this page:

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Information (name and address): \_\_\_\_\_

Phone No#:

Policy No#:

ID#:

Primary Insurance Holder:

(pls. make a copy of the insurance card front and back and attached to this form)