

EMERGENCY INFORMATION

Name of child (Last, First, Middle Initial)	Name of Parents
Allergies, if any	Address (street, city, zip code)
Child's date of birth	Home Phone
1. Parent's location when child's at HP (Employer, school, etc.)	Hours of Employment and Phone Number
2. Parent's location when child's at HP (Employer, school, etc)	Hours of Employment and Phone Number

PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE

Name	Phone Number
Address (street, city, zip code)	

NAMES OF PERSONS OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED

1.	2.
3.	4.

Any medical conditions, if any:

I hereby give permission to HIGHLAND PARK SUMMER CAMP to secure medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian		Date Signed	
Name of child's Physician or Health Clinic	Phone Number		
Address (street, city, zip code)	Office Hours		
Hospital Preferred for Emergency Treatment	Health Insurance Policy Name and Number		