

Christ Church Camps

EMERGENCY MEDICAL CARE FORM

Summer 2020



Child's Name _____
Last First
Date of Birth _____ Last Grade Completed _____
Nickname _____ Gender _____
Home Phone _____
Address _____ Zip Code _____
Mother _____ Work Phone _____ Cell Phone _____
Father _____ Work Phone _____ Cell Phone _____

Persons to be called in case of emergency: We will attempt to contact a parent first.

(Be sure to include someone other than your spouse who will usually know your whereabouts or be willing to pick up your child should he or she become ill during the camp session.)

*State Licensing requires two emergency contacts for each camper

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Child's Physician _____ Phone _____
Emergency Hospital Preference _____
Allergies & Health Considerations _____

Insurance Company & Policy Number _____

• I hereby grant permission for my child to use all play equipment and participate in all activities of the camp program.

• I hereby grant permission for my child to leave the camp premises under the supervision of a staff member for neighborhood walks or field trips in an authorized vehicle. (Prior notice will be given and individual permission slips will be sent home for field trips.)

• I hereby grant permission for the Camp Directors and Camp Assistant Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

- 1) Attempt to contact a parent or guardian.
- 2) Attempt to contact the child's physician.
- 3) Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
- 4) If we cannot contact you or the child's physician, we may do any or all of the following:
 - a. call another physician,
 - b. call an ambulance,
 - c. have the child taken to an emergency hospital in the company of a staff member

• I understand that the camp will contact me if my child becomes ill and that I will arrange to have my child picked up as soon as possible if so requested by the camp administration.

• I understand that it is my responsibility to notify the camp office within 24 hours, or the next business day, if my child or any member of our immediate household is diagnosed with, or develops a reportable communicable disease -- such as, but not limited to, chicken pox, measles, Fifth disease, Hepatitis A, impetigo, meningitis, head lice, pinworms, hand/foot/mouth disease. In the event of a life-threatening disease it is my responsibility to notify the administration immediately.

Signature _____ Date _____
Parent or Guardian

--Please see back of form for persons authorized to pick up child--

Persons authorized to pick up child: (other than parents)

Please note in order to facilitate a safe pick up, Christ Church Camps staff may ask individuals for identification when they arrive to pick up your child.

Please include all requested information – it is required by state licensing regulations.

Name _____ Phone _____

Address _____ Zip _____

Name _____ Phone _____

Address _____ Zip _____

Name _____ Phone _____

Address _____ Zip _____

Name _____ Phone _____

Address _____ Zip _____

Name _____ Phone _____

Address _____ Zip _____

Please check if any of the following apply:

Parents only allowed to pick up child – Signature _____

Date _____

Mother only allowed to pick up child * – Signature _____

Date _____

Father only allowed to pick up child * – Signature _____

Date _____

*In the event this box is checked, court documents need to be on file in the camp office.