

EMERGENCY INFORMATION CARD

POK-O-MacCREADY CAMPS, WILLSBORO, NY

PLEASE PRINT AND COMPLETE FULLY.

Camper Name _____ Age _____ Date of Birth _____

Address _____ Home Tel. _____

Where can parents be reached if not at home?

Mother _____ Tel. _____

Name Address

Father _____ Tel. _____

Name Address

List two relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____ Tel. _____

Address _____

2. Name _____ Tel. _____

Address _____

Required by the New York State Department of Health.

OVER
→

Date _____

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; to provide or arrange necessary related transportation for me / or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Health Director or Camp Director to secure and administer any treatment, including hospitalization, for the person named above. This completed card may be photocopied for trips out of camp.

Signature of parent or legal guardian _____

Remarks:

Allergies:

Medication:

Other Conditions:

My child has completed all immunizations required by the State of ____ to attend school. Yes No

Local Physician's Name _____

Address _____ Office Tel. No. _____

For Health Office Use Only

Acetaminophen: 15 mg/kg (every 4h)

Ibuprofen: 10 mg/kg (every 6-8h)

Pseudoephedrine: 30-60mg >12yo; >12yo 30mg

Antibiotic Ointment

Diphenhydramine 12.5-25mg 6-12 yo; 25-50mg >12 yo