

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 _____ Cell _____
Name Address

Father _____ Cell _____
Name Address

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

Name _____ Tel. _____

Address _____

Name _____ Tel. _____

Address _____

Required by the New York State Department of Health.

Over →

Date _____

Camper Name _____

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 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 _____

Allergies:

Medications:

Other Conditions or Remarks:

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

Child's physician's Name _____

Address _____ Office Tel. No. _____