



Summer Camp Emergency Form

Please fill out this form completely for each camp that your child is attending and email it to appropriate camp director.

Child's Name _____ Grade (2019-20) _____

Date of Birth _____ Gender M F

Home Address _____

Parent/Gaurdian:

Name _____ Email _____

Home # _____ Cell # _____ Work # _____

Name _____ Email _____

Home # _____ Cell # _____ Work # _____

Person(s) to be called if parent/gaurdian is unavailable.

Name _____ Relationship _____

Home # _____ Cell # _____ Work # _____

Name _____ Relationship _____

Home # _____ Cell # _____ Work # _____

Authorized People to Pick-Up:

1. _____ 3. _____

2. _____ 4. _____

Doctor's Name _____ Phone # _____

Allergies (food, drugs, seasonal, list ALL allergies): _____

Medications: _____

Does your child have any medical conditions that the Program Director should be aware of? YES NO

Does your child have any medical needs that may require a school nurse on site during camp? YES NO

If yes, please contact the "Supervisor of Nursing" @ 973-509-4000 ext. 6514.

Please list any other special needs: _____