

YOUTH CAMP EMERGENCY CONTACT RECORD RIVERBROOK YMCA CAMP GORDYLAND 2022

404 DANBURY ROAD, WILTON, CONNECTICUT 06897

First Aid E-mail Line: CampNurse@riverbrookymca.org First Aid Voicemail Line: (203) 762-8384 ext. 293

Camper Information

*Name _____ Gender _____ Birthdate _____
(Last) (First)
Pronouns: _____ Age _____

*Address _____ Home Phone _____
(Street) (Town) (State) (Zip Code)

*What grade will camper be entering in September 2022? _____ Email _____

Parent/Guardian #1 Name _____ Cell# _____ Work # _____

Parent/Guardian #2 Name _____ Cell# _____ Work # _____

*Does the camper have allergies? Please describe _____

*Will your child require medication at camp? [] Yes [] No If yes please see the Medical Administration Form

*Will your child need to be assisted by a special needs paraprofessional at Camp? [] YES [] NO
If so, please contact the Special Needs Coordinator, Christina Foley at cfoley@riverbrookymca.org to secure a para for the time your child attends camp.

*Please provide any information you feel is important for us to know about your child.

To Be Signed

*I have received and read the Parent Handbook and understand that my child must comply with the camp's rules and standards of conduct and that if positive outcomes cannot be achieved the camp reserves the right to suspend or terminate my child from the program if he/she does not comply with our standards.

X _____ Date: _____

PARENT OR GUARDIAN AUTHORIZATION FOR HOSPITALIZATION IN THE EVENT OF AN EMERGENCY

This health history is correct so far as I know, and the person named above has permission to participate in all Summer Day Camp activities except as noted by the examining physician or me. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the Wilton Family Y to hospitalize, secure proper treatment for, and order injections or anesthesia for surgery for the person named above. The Wilton Family Y assumes no responsibility for injuries or illnesses sustained while in attendance of the Camp Program. I hereby release, discharge, and hold harmless the Wilton Family Y from any and all claims for injury or illness.

X _____ Date: _____

***Please list the name and telephone number of two (2) emergency contacts, other than the parents, who have permission to pick up your child and may be called in the parents' absence or in an emergency situation.**

Name: _____ Relationship: _____

Address _____ Phone _____
(Street) (Town) (State) (Zip Code)

Name: _____ Relationship: _____

Address _____ Phone _____
(Street) (Town) (State) (Zip Code)

