

**CAMP EMERGENCY CONTACT RECORD
RIVERBROOK YMCA CAMP 2024**

First Aid E-mail: campfirstaiddirector@riverbrookymca.org

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

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

Parent/Guardian #1 Name: _____ Cell#: _____ Work #: _____
Relationship to Child: _____ Email: _____

Parent/Guardian #2 Name: _____ Cell#: _____ Work #: _____
Relationship to Child: _____ Email: _____

*Does the camper have allergies? Please describe: _____

*Will your child require medication at camp? [] Yes [] No ***If yes please complete the Medical Administration Form & Individual Care Plan*

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

***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. If no contacts are submitted, camp will 911, in case of emergency.**

Name: _____ Relationship: _____
Address _____ Phone _____
(Street) (Town) (State) (Zip Code)

Name: _____ Relationship: _____
Address _____ Phone _____
(Street) (Town) (State) (Zip Code)

To Be Signed

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 Riverbrook Regional YMCA to hospitalize, secure proper treatment for, and order injections or anesthesia for surgery for the person named above. The Riverbrook Regional YMCA assumes no responsibility for injuries or illnesses sustained while in attendance of the Camp Program. I hereby release, discharge, and hold harmless the Riverbrook Regional YMCA from any and all claims for injury or illness.

X _____ **Date:** _____