



**Recreation Summer Camp  
Emergency Contact Card**

Participant Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_

Participant Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female

Grade in School (Fall 2019): \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Participant Allergies (If Any): \_\_\_\_\_

Participant Medical Conditions: \_\_\_\_\_

Does the participant require medication during camp hours? \_\_\_\_ YES \_\_\_\_ NO

\*If YES, please complete a Self-Administration of Medication Form found on our REC Summer Camp website.

The following individuals have permission to pick up my child from camp:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_