

PARK SHORE COUNTRY DAY CAMP  
450 DEER PARK ROAD  
DIX HILLS, NY 11746  
(631)499-8580

Park Shore Travel Program  
Emergency Contact Sheet  
Super Senior \_\_\_\_\_  
Explorer \_\_\_\_\_  
Superteen \_\_\_\_\_

(Please check one)

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

Town & Zip Code \_\_\_\_\_

Home Telephone# \_\_\_\_\_

Father's Business# \_\_\_\_\_

Father's Cell Phone# \_\_\_\_\_

Mother's Business# \_\_\_\_\_

Mother's Cell Phone# \_\_\_\_\_

List any dietary restrictions/medical conditions: \_\_\_\_\_

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| Emergency Contact: (Other than parents) | Relationship | Phone# |
|---|--------------|--------|
|---|--------------|--------|

|            |  |  |
|------------|--|--|
| Name _____ |  |  |
|------------|--|--|

|            |  |  |
|------------|--|--|
| Name _____ |  |  |
|------------|--|--|

It is the hope that the authorization given here never need to be used. In an emergency situation, where the parent of the child cannot be contacted immediately, this form will be extremely important. The authorization will be used only where absolutely necessary and only after every attempt has been made to contact the parent.

I understand that in the event of an emergency, if I cannot be reached, I hereby give my permission to the physician or hospital selected by the camp administration to secure proper treatment for my child named above.

Date \_\_\_\_\_ Parent's/Guardian's Signature \_\_\_\_\_