



**MUST BE COMPLETED BEFORE YOUR CHILD TRAVELS WITH PARK SHORE.**

EMERGENCY CONTACT INFORMATION

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

Address \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

List: Allergies (medications, food, environment, etc.) Dietary restrictions/Medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: (complete Park Shore *Written Medication Administration Consent Form*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (other than parent or guardian)

Name Relationship Phone #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone# \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone# \_\_\_\_\_

**IN THE EVENT THAT I OR MY CONTACTS CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE MY PERMISSION TO PARK SHORE, THE LOCAL AMBULANCE/FIRE DEPARTMENT, MY FAMILY PHYSICIAN, ANY LOCAL PHYSICIAN, OR THE NEAREST HOSPITAL TO ADMINISTER EMERGENCY TREATMENT AND CARE. I FURTHER GIVE MY PERMISSION FOR ALL PERTINENT HEALTH INFORMATION TO BE DUPLICATED AND RELEASED TO THE APPROPRIATE PERSONNEL FOR EMERGENCY CARE.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date