

# EMERGENCY CARD

NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Nickname) (Gender) (Birth Date)

HOME ADDRESS \_\_\_\_\_  
(Address) (City) (Zip Code)

MAILING ADDRESS \_\_\_\_\_  
(Address) (City & Zip Code) (Home Phone)

\_\_\_\_\_ (Home Email Address)      STU # \_\_\_\_\_ (Camp Use Only)      Grade: \_\_\_\_\_  
Room: \_\_\_\_\_

## IN CASE OF EMERGENCY TO THIS CHILD CONTACT:

MOTHER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Place of Employment and Work Phone/EXTN Pager/Cell Phone

FATHER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Place of Employment and Work Phone/EXTN Pager/Cell Phone

LEGAL GUARDIAN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Place of Employment and Work Phone/EXTN Pager/Cell Phone

LEGAL GUARDIAN'S Relationship to Camper \_\_\_\_\_ Home Language of Parent \_\_\_\_\_  
Daycare Provider (name and phone number) \_\_\_\_\_

Relative/Neighbor \_\_\_\_\_ / \_\_\_\_\_  
Name Address Home Phone/Pager/Cell Phone

Relative/Neighbor \_\_\_\_\_ / \_\_\_\_\_  
Name Address Home Phone/Pager/Cell Phone

Child's Doctor \_\_\_\_\_ / \_\_\_\_\_  
Name Address Phone

Alternate Doctor/Agency \_\_\_\_\_ / \_\_\_\_\_  
Name Address Phone

**This child has custody papers on file at camp. No \_\_\_\_\_ Yes \_\_\_\_\_**

If an emergency should arise which requires immediate medical attention and we as parents/guardian cannot be contacted, you are authorized to take whatever steps necessary to protect the health of this child.

This child has a health condition which may affect him in camp. No \_\_\_\_\_ Yes \_\_\_\_\_ (If yes, explain on the reverse side)

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

**PLEASE NOTIFY CAMP IMMEDIATELY OF ANY CHANGES IN ABOVE INFORMATION**

(turn over →)

Explanation of health problem checked on other side:

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California Education Code 49480 requires parents/legal guardians to inform the camp nurse or designated, certified camp employee of any child taking medication for a continuing time. With the consent of the parent/legal guardian, the camp nurse may communicate with the doctor and may counsel camp staff regarding possible effects of the drug.

Is this child taking medication regularly? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, complete the following:

<u>Kind of Medication</u>	<u>Dose</u>	<u>Physician</u>	<u>Phone</u>
/	/	/	/
/	/	/	/
/	/	/	/
/	/	/	/

CEC 49423: If prescribed medication is needed during the required camp day, assistance may be given if the camp receives: (1) a written statement from the physician detailing the method, amount and time schedule; and (2) a written statement from the parent/legal guardian, etc. **The medication must be clearly labeled and sent to the camp in a container from the pharmacy.**

Date: \_\_\_/\_\_\_/\_\_\_\_\_

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

Medical Insurance Carrier \_\_\_\_\_

Policy No. \_\_\_\_\_ Address \_\_\_\_\_

Father's/Guardian's Driver's License No. \_\_\_\_\_

Mother's/Guardian's Driver's License No. \_\_\_\_\_