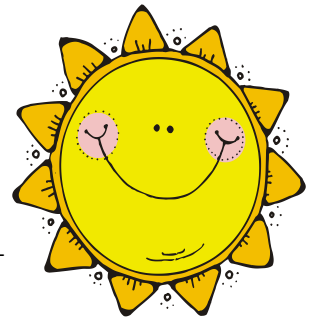


ST. KEVIN SUMMER CAMP

Emergency Procedure Card

20 _____



Name of Camper(s) _____

Boy / Girl _____ Age _____ Going into grade _____

Address _____ Zip _____ Phone _____

Insurance Company _____

PARENT

PARENT

Name _____

Place of Employment _____

Occupation _____

Business Phone # _____

Cell Phone # _____

Child resides with: Both Parents _____ Mother _____ Father _____ Other _____

If parents cannot be reached, please list who can be notified:

1. _____
NAME RELATIONSHIP PHONE #

2. _____
NAME RELATIONSHIP PHONE #

*** Please list allergies or other health problems which you feel the Summer Camp staff should have on record to safeguard your child(ren). None _____

Physician _____ Phone # _____

Persons to whom child may be released during Summer Camp hours:

Parent's Signatures _____