St. Kevin Summer Camp

Emergency Contact Card

Camper Name: _____

Boy/Girl Age: _____ Date of Birth: _____ Grade Entering: _____

Home Address: _____ Zip Code: _____ Phone # _____

Insurance Company: _____

I give permission for my child to be photographed, filmed and/or appear in any publication: Y / N

	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 any allergies or other health problems which you feel the summer camp staff should have on record to safeguard your child. None: _____

_____

Physician: _____ Phone #: _____

Persons authorized to pick up my child (other than parents listed above):

_____ _____

_____ _____

Parents' Signatures: _____ _____