



# CAMP CUPERTINO 2019

## PARTICIPANT EMERGENCY CARD

PARTICIPANT'S NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PARENT/GUARDIAN 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

PARENT/GUARDIAN 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### ALTERNATE PERSONS AUTHORIZED TO PICK UP (must be local):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### PERSONS NOT AUTHORIZED TO PICK UP (if applicable):

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

### MEDICAL HISTORY

Allergies: \_\_\_\_\_

List dietary restrictions here: \_\_\_\_\_

List current medications and purpose here: \_\_\_\_\_

Does your child require special accommodations?    No    Yes, Please explain: \_\_\_\_\_

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

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Note:** To allow your kid to sign themselves out, please ask staff for Independent Dismissal form.