



CUPERTINO

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:** _____