

FROG Camp Emergency Information Card

Summer 2010

Registration No. _____

Child's Name: _____
Last First Middle Initial

Address: _____

Date of Birth: ____/____/____

Mother's Name: _____ (____) _____
Home Phone

(____) _____ (____) _____
Work Phone Cell Phone/Pager

Father's Name: _____ (____) _____
Home Phone

(____) _____ (____) _____
Work Phone Cell Phone/Pager

ALLERGIES: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name to Physician: _____ Phone No.: _____

Address: _____

Name of Hospital: _____ Phone No.: _____

Address: _____

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic. I release FUMC and FROG Camp from any liability for any action taken.

Signature of Parent or Guardian

TRANSPORTATION: I hereby _____ give _____ do not give my consent for my child to be transported and supervised by the facility's staff on all field trips.