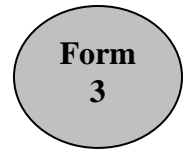


Young Entrepreneur Summer Program

Emergency Contact Information



Last Name: _____ First Name: _____ Gender: _____ Birth Date: _____

Parent/Guardian email address: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Father/Guardian (Full Name) _____ Work phone: _____ Cell phone: _____

Mother/Guardian (Full Name) _____ Work phone: _____ Cell phone: _____

1) EMERGENCY CONTACT (Other Than Parents):

Name _____ Relationship: _____ Phone: _____

Name _____ Relationship: _____ Phone: _____

Name _____ Relationship: _____ Phone: _____

2) I AUTHORIZE THESE ADDITIONAL PERSONS TO PICK UP MY CHILD:

Name _____ Relationship: _____ Phone: _____

Name _____ Relationship: _____ Phone: _____

Name _____ Relationship: _____ Phone: _____

3) MEDICAL INFORMATION:

Does camper take medications? (Circle) Yes No Note: Any medication dispensed to your child must be brought to camp in its original prescription container and include written directions from child's physician.

Name of medication: _____ Amount: _____ Frequency: _____

Please list any allergies (medication, food, other) and/or medical conditions we should be aware of

4) INSURANCE INFORMATION:

Carrier/Plan Name: _____ Group Policy Number: _____ Name of Insured: _____

Name of Physician: _____ Address: _____ Phone Number: _____

Name of Dentist: _____ Address: _____ Phone Number: _____

Parent/Guardian Signature _____

This form must be completed for each child

Date: _____