Lloyd Harbor Village Park Summer Camp
Emergency Information Sheet
(one form per family)

PLEASE PRINT
Participant's Name_____
Last First
Address_____ Home Tel. # _____
Birth Date _____

Where can parents be reached if not at home?
Mother: Tel. # (_____)_____ Cell # (_____)_____
Father : Tel. # (_____)_____ Cell # (_____)_____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____ Tel. # _____

2. Name _____ Tel. # _____

In case of accident or serious illness, I request the L.H. Camp to contact me. If the Camp is unable to reach me, I hereby authorize the Camp to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the Camp may make whatever arrangements seem necessary.

Signature of parent or guardian _____

Remarks:

Allergies:

Other Conditions:

Local Physician's Name _____

Address_____

Office Tel. # (_____)_____