

ELBOW LANE DAY CAMP

828 Elbow Lane, Warrington, PA 18976 (215) 343-2120

2011 EMERGENCY CONTACT INFORMATION

Camper(s) Name _____ Birth Date: _____ Age _____
_____ Age _____
_____ Age _____

Camper(s) Address _____ Phone _____

Mother's Name _____ Work Phone _____
Cell Phone _____

Home Address _____ Home Phone _____

Father's Name _____ Work Phone _____
Cell Phone _____

Home Address _____ Home Phone _____

Who should be contacted first in case of emergency? ___ Mother ___ Father

Person(s) to be contacted in case of emergency (if parents are not available):

Name _____ Home Phone _____ Work/Cell Phone _____

Name _____ Home Phone _____ Work/Cell Phone _____

Physician or Healthcare Provider:

Name _____ Phone Number _____

CONSENT IS GIVEN FOR THE FOLLOWING: (check those items for which you give your consent)

_____ Emergency Medical Care (**THIS MUST BE CHECKED**)

_____ ****Administration of Prescription Medication** (Physician's current written instructions must be provided)

_____ ****Administration of Non-Prescription Medication** ___ Tylenol ___ Ibuprofen ___ Benedryl ___ Other (list)
(Please list all that may be administered and dosage)

_____ ****Administration of Special Dental or Dietary Needs** (Please list all that can be administered and dosage)

*****Medication will not be administered to any child without the proper completion of the Medication Dispensing Form. This form should also be used for non-prescription drugs when prescribed by a physician or dentist. This form can be printed from our website (www.elbowlane.com) under "Camp Forms", or call the office to request a copy.***

Parent or Guardian's signature _____ Date _____