

Lloyd Harbor Village Park Summer Camp
Emergency Contact Information

*****PLEASE PRINT CLEARLY*****

Participant's Name _____ Date of Birth _____ Home Phone _____
Address _____

Where can parents be reached if not at home? (Please include area code)

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.

All Emergency Contacts must be local. (Please include area code with phone numbers)

Name _____ Home # _____ Cell # _____
Name _____ Home # _____ Cell # _____

In case of an accident or serious illness, I request Lloyd Harbor Camp to contact me. If the camp is unable to reach me, I hereby authorize the camp to call the physician indicated below and 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 _____

Life Threatening Allergies: _____

Medications Taken: _____

Other Conditions / Remarks: _____

Local Physician's Name _____

Address _____

Office Telephone Number _____