

Little Explorers Summer Camp Emergency Contact Information 2021

Please fill out one form **PER CHILD**

Child's Name: _____

DOB: _____

Mother's Name: _____

Phone 1: _____

Email: _____

Phone 2: _____

Father's Name: _____

Phone 1: _____

Email: _____

Phone 2: _____

ADDITIONAL EMERGENCY CONTACT (this person may pick up in the event of an emergency where you cannot be reached)

Name: _____

Relation: _____

Phone: _____

ADDITIONAL PERSON(S) WHO MAY PICK UP CHILD

MAY PICK UP (circle one)

Name: _____

Relation: _____

With notice Anytime

Name: _____

Relation: _____

With notice Anytime

Name: _____

Relation: _____

With notice Anytime

ALLERGIES, MEDICAL CONDITIONS, AND/OR FOOD RESTRICTIONS
