

Camp Bu
EMERGENCY CARD

Child's name: _____ **Age:** _____ **DOB:** _____

Allergies: _____ **Medications:** _____

Home address: _____ **City:** _____ **State:** _____ **Zip:** _____

Parent's Name: _____

Parent's Name: _____

Home Address: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone: _____

Primary Phone: _____

Secondary Phone: _____

Secondary Phone: _____

**Non-parent
Emergency Contact #1:** _____

**Non-parent
Emergency Contact #2:** _____

Relationship: _____

Relationship: _____

Primary Phone: _____

Primary Phone: _____

Secondary Phone: _____

Secondary Phone: _____

Parental Consent: I hereby authorize permission for my son or daughter to travel (bus, van, car, walking) to any field trip outing and I further agree to relieve its official agents or employees from any liability in connection with this authorization. I also authorize for those designated as emergency contacts to pick up and drop off my child or children during and after Club hours.

Parent/Guardian Signature: _____

