

THE INDEPENDENCE SUMMER CAMP EMERGENCY CARD
This information may be shared with camp personnel on a "need to know" basis.

IF YOUR CHILD DOES NOT ATTEND THE INDEPENDENCE SCHOOL A COPY OF A RECENT IMMUNIZATION RECORD AND TB RISK ASSESSMENT IS REQUIRED TO ATTEND THE CAMP. PLEASE ATTACH A COPY TO THIS EMERGENCY CARD.

Camper's name _____ Birth Date _____ Grade entering in Sept. _____

Home Address _____ Home Phone _____

Mother's Cell _____ Father's Cell _____

Mother/Guardian's Name _____ Father/Guardian's Name _____

Mother's Employer _____ Phone _____ Ext. _____

Father's Employer _____ Phone _____ Ext. _____

Home e-mail address _____

Work e-mail address (father) _____ (mother) _____

If parents/guardians cannot be reached, call:

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

Physician _____ Phone _____ Dentist _____ Phone _____

Indicate child's **medical problems** and any **medicines taken routinely**. _____

My child is **allergic** to: Food, Medicine or other (Be specific-Name of food, medicine, etc.): _____

Has your child ever been **stung by a bee**? YES _____ NO _____ **If yes describe reaction** _____

Medical Insurance: _____

Insurance Numbers: _____

Permission for nurse to dispense medication (Initial if yes)

Cough drops, throat lozenges, Maalox _____ Acetaminophen (Tylenol) _____ Ibuprofen (Motrin) _____ Benadryl _____ Neosporin _____
Nothing at this time _____

THE INDEPENDENCE SUMMER CAMP has adopted the following procedures in caring for your child when he/she becomes sick or injured at **CAMP**. In case of emergency and/or need of medical or hospital care:

1. The nurse/camp director will call the home or cell phone. If there is no answer,
2. The nurse/camp director will call the mother's and/or father's place of employment. If there is no answer,
3. The nurse/camp director will call the other telephone number(s) listed and the family doctor.
4. If none of the above answer, the nurse/camp director will call an ambulance, if necessary, to transport the child to a local medical facility.
5. Based upon the medical judgment of the attending physician, the child may be admitted to a local medical facility.
6. The nurse/camp director will continue to call the parents or doctor until one is reached.

If I cannot be reached and the nurse or camp director have followed the procedures above, I agree to assume all expenses for moving and treating this student. I also consent to any treatment, surgery, etc., which may be carried out based on the medical judgment of the attending physician. It is also understood that this signature may be photocopied.

Parent/Guardian Signature _____ Date _____

SUMMER CAMP FIELD TRIP PERMISSION

By completing this form, you, the parent, give permission for your child to participate in any field trip scheduled during summer camp. Detailed information will be provided prior to each trip, but no additional field trip form will need to be completed. An assigned counselor will carry a copy each child's camp emergency card, but parents may supply specific instructions for a particular field trip.

I/We give my/our child _____ permission to attend summer camp field trips during summer camp.

Signature _____ Date _____