

Mandell JCC Summer Camps Emergency Consent and Contact Form Summer 2014

This form is to be completed and signed by the child's parent or legal guardian, and returned by May 9, 2014.

Name of Child _____

Camp Program: (Circle all which apply for your child)

Camp Shalom:

Sports Jams

Theater Camp

Unit in Camp Shalom _____

Arts Camp

Passport to the Arts

In the event that the child named above is injured or ill, I understand that the teacher will attempt to contact me, the other parent, or the legal guardian at the telephone numbers listed below:

Parent/Guardian _____

Home phone _____

Cell phone _____

Work phone _____

Parent/Guardian _____

Home phone _____

Cell phone _____

Work phone _____

In the event that I or the others listed are not available, I give my permission to the counselor/director to provide first aid for the child named above and to take appropriate measures including contacting the Emergency Medical Services (EMS) and arranging for transportation to _____ or the nearest emergency medical facility.

Doctor's Name _____ Telephone _____

In case of emergency, contact the following people to pick up the child if the parent cannot be reached:

1. _____ Relationship: _____ Telephone: _____

2. _____ Relationship: _____ Telephone: _____

3. _____ Relationship: _____ Telephone: _____

**Parent/Guardian Signature _____ Date: _____

Turn over for Dismissal Form

Summer Camps