

**ASHFORD FARM DAY CAMP**  
E M E R G E N C Y F O R M

*Please print clearly.*

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

**1st Parent/guardian**

**2nd Parent/guardian**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Work phone \_\_\_\_\_

**Emergency contact** (*Person to contact in the event a parent or guardian cannot be reached.*)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

**Medical information**

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's name \_\_\_\_\_ Phone \_\_\_\_\_

Is your child on any medication?     Yes     No

If yes, what medication(s)? \_\_\_\_\_

Does your child take medication during the camp day?     Yes     No

If yes, when is it taken? \_\_\_\_\_

Does your child have any allergies we should be aware of?     Yes     No

If yes, what allergies? \_\_\_\_\_

**In case there is an emergency and a parent or guardian cannot be contacted,  
this form allows for treatment by a licensed physical or emergency personnel.**

Insurance company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_