Temple Beth Rishon
Camp Little Feet Emergency Card

Child's name _____ DOB _____
last **first**

Parent/Guardian names _____ father:_____ mother:_____
last first first

Home address: _____ _____ home phone _____
street city

Father's work #_____ Mother's work # _____

cell # _____ cell # _____

In the event I cannot be reached, I authorize the following to care for my child/children:

Name_____address_____phone_____

Cell: _____

Name_____address_____phone _____

Cell: _____

Physician's name _____ phone _____

Allergies _____

Parent's signature _____ date_____