

Camp Little Feet Emergency Card 2011

Child's name _____ last _____ first _____ DOB _____

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

Home address: _____ street _____ city _____ home phone _____

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 _____

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