



MUST BE COMPLETED BEFORE YOUR CHILD TRAVELS WITH PARK SHORE.

PARK SHORE EXTREME STEAM SCIENCE KIDS: EMERGENCY CONTACT INFORMATION

Camper's Name _____

Address _____

Town & Zip Code _____

Parent/Guardian Name: _____

Home Phone _____ Cell _____ Work _____

Parent/Guardian Name: _____

Home Phone _____ Cell _____ Work _____

List: Allergies (medications, food, environment, etc.) Dietary restrictions/Medical conditions:

Medications: (complete Park Shore *Written Medication Administration Consent Form*)

Emergency Contact (other than parent or guardian)

| Name | Relationship | Phone # |
|-------|--------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Pediatrician: _____ Phone# _____

Dentist: _____ Phone# _____

IN THE EVENT THAT I OR MY CONTACTS CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE MY PERMISSION TO PARK SHORE, THE LOCAL AMBULANCE/FIRE DEPARTMENT, MY FAMILY PHYSICIAN, ANY LOCAL PHYSICIAN, OR THE NEAREST HOSPITAL TO ADMINISTER EMERGENCY TREATMENT AND CARE. I FURTHER GIVE MY PERMISSION FOR ALL PERTINENT HEALTH INFORMATION TO BE DUPLICATED AND RELEASED TO THE APPROPRIATE PERSONNEL FOR EMERGENCY CARE.

Signature of Parent/Legal Guardian

Date