



Emergency Contact Camper Information 2022

This form must be completed and returned to The Art Center office by the first day of your child's camp

Camper's Name: _____ Parent/Guardian Email: _____

Does your child/teen have any allergies? Yes ___ No ___ If "Yes", please list allergies:

Does your child/teen require medication to be administered during camp hours? Yes No

If "Yes," please specify: _____

Indicate mode of transportation leaving camp: Parent ___ Car Pool ___ Riding Bike ___ Walking _____

Emergency Contacts & Child Pick-Up:

Include all authorized individuals to be contacted if unable to reach parents/guardians. Authorized person will be required to show proof of identification when taking child home from camp. Your child will not be released to anyone except the individuals listed.

1. Name _____ Relationship _____ Cell _____
Emergency Contact Authorized for Camp Pick Up

2. Name _____ Relationship _____ Cell _____
Emergency Contact Authorized for Camp Pick Up

3. Name _____ Relationship _____ Cell _____
Emergency Contact Authorized for Camp Pick Up

Does your child/teen require any special accommodations? Yes ___ No ___ If "Yes", please specify

Parent/Guardian Signature _____ Date _____

(Printed Name) _____ Phone _____

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this wavier