



# Emergency Contact Camper Information 2024

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

Camper's Name: \_\_\_\_\_

Circle Camp Week(s): 1 2 3 4 5 6 7 8 9 10

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. 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

**The Art Center** Highland Park | 1957 Sheridan Road | Highland Park, IL 60035 | [TheArtCenterHP.org](http://TheArtCenterHP.org)