



CAMP CALDWELL MINI CAMP EMERGENCY CONTACT/INFORMATION FORM

Camper Name(s) _____

EMERGENCY CONTACTS

Name _____ Relationship to Child _____

Preferred # (Specify Type) _____ Other # _____

Name _____ Relationship to Child _____

Preferred # (Specify Type) _____ Other # _____

My child can be picked up by the following people (in addition to the Emergency Contacts):

(Print) Name and Relationship to Camper

Phone Number

(Print) Name and Relationship to Camper

Phone Number

Is there any specific person(s) to whom your child should NOT be released?

Please describe any specific needs (Allergies, Attention Deficit Disorder, seizures, fears, etc) your child may have so that we may help support him/her in the best way possible:

Insurance Information

Child's Name: _____

Is the participant covered by family medical/hospital insurance? ___ Yes ___ No

If so, indicate carrier or plan name _____ Group # _____

Name of insured _____ Relationship to participant _____

Insurance ID # _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

In case of medical emergency, I authorize the CCC and its adult staff or representatives to consent to any medical treatment and/or hospital care, which is rendered to the minor, named above, under the supervision of any licensed physician. It is the responsibility of every individual, his or her parents or legal guardian to provide for his or her own medical coverage while participating in all CCC activities.

I hereby give permission to the medical professional selected by the Camp Director OR Caldwell Community Center Management to order X-rays and routine tests, to provide treatment, or to release any records necessary for insurance purposes. I also give permission to the Camp Director OR Caldwell Community Center Management to provide and/or arrange related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the Emergency Medical Staff selected by the Camp Director OR Caldwell Community Center Management to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

In addition, I grant permission for the above named minor to participate in all camp activities and for photos including the above named minor to be used for CCC marketing purposes unless otherwise indicated in writing. My child has permission to swim under the supervision of certified lifeguards.

Signature of Parent/ Guardian _____ Date _____

Print name _____ Relationship to Camper _____

Camp Caldwell

Caldwell Community Center

1 Provost Square

Caldwell, NJ 07006

973-241-7527

