



## CAMP TENDERFOOT /POTOWATOMI / VIDA NUEVA

### Emergency Contacts

(To be completed by parent/ legal guardian; one for each week of program)

Child's Name: \_\_\_\_\_

Emergency Contact #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: HM \_\_\_\_\_ WK \_\_\_\_\_ CELL \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: HM \_\_\_\_\_ WK \_\_\_\_\_ CELL \_\_\_\_\_

Picking up by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Conditions / Allergies: \_\_\_\_\_

Can your child swim? [Not applicable for Camp Tenderfoot] (Please circle one)      YES      NO

I give permission to Camp staff members to provide my child with first aid and CPR care in case of an injury. (Please circle one)

YES

NO