



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