

SJCC SUMMER CAMP'15	EMERGENCY AND DISMISSAL INFORMATION	For Office Use Only: <input type="checkbox"/> Olami <input type="checkbox"/> Summer Quest <input type="checkbox"/> SIT <input type="checkbox"/> Extended Care
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Camper's Name	Birthdate	Entering Grade
Address		

PARENT/GUARDIAN INFORMATION

1. Name	Work Phone
Home Phone	Cell Phone
E-mail	
2. Name	
Home Phone	Cell Phone
E-mail	

EMERGENCY CONTACTS/AUTHORIZED INDIVIDUALS WHO MAY PICK UP MY CHILD

1. Name	Relationship to Camper
Home Phone	Work Phone
Cell Phone	
2. Name	
Home Phone	Relationship to Camper
Work Phone	Cell Phone

OTHER PEOPLE AUTHORIZED TO PICK UP MY CHILD

1. Name	Relationship to Camper	Phone
2. Name	Relationship to Camper	Phone
3. Name	Relationship to Camper	Phone
4. Name	Relationship to Camper	Phone

MEDICAL INFORMATION

Physician	Phone
Date of last DPT	Allergies
Medications	
Other Significant Medical Information	
Dentist	Phone

IMPORTANT—SIGNATURE REQUIRED FOR ATTENDANCE.

I give permission to the Sabes Jewish Community Center to take whatever emergency (e.g. first aid, evacuation, etc.) measures are judged necessary for the care and protection of my child while under the supervision of any Sabes JCC program.

In case of a medical emergency, I understand that my child will be transported at my expense to the nearest hospital by the local emergency unit for treatment, if the local emergency resource (EMS Personnel) deems it necessary.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult on the parent's behalf.

PARENT OR GUARDIAN SIGNATURE:	DATE:
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