

# RHKIDS CAMP EMERGENCY CARD

## CAMPER INFORMATION

CAMPER'S FIRST AND LAST NAME: \_\_\_\_\_

GRADE GOING INTO IN FALL:    KINDER    1ST    2ND    3RD    4TH    5TH

PARENTS' NAME(S): \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET

CITY

ZIP

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ CHURCH ATTENDING: \_\_\_\_\_

ALLERGIES AND MEDICAL CONDITIONS: \_\_\_\_\_

(We are a NUT FREE Campus. If your child has any other food allergies, please provide own snack)

## EMERGENCY CONTACTS FOR RHKIDS CAMP (IN CASE WE CAN'T REACH YOU)

MOM'S CELL: \_\_\_\_\_ DAD'S CELL: \_\_\_\_\_

ALTERNATE CONTACT (1): \_\_\_\_\_ PHONE: \_\_\_\_\_

ALTERNATE CONTACT (2): \_\_\_\_\_ PHONE: \_\_\_\_\_

## EMERGENCY INFORMATION

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

## EMERGENCY AUTHORIZATION

I hereby authorize the leaders of RHKIDS CAMP to act on my behalf when I cannot be contacted, IN CASE OF AN EMERGENCY, resulting in the need of medical attention for my son/daughter above.

I also agree to hold harmless the RHKIDS CAMP leadership and ROLLING HILLS CHURCH from any accidents as a result of my child's participation in its activities. Furthermore, I agree to reimburse ROLLING HILLS CHURCH for all medical expenses.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date