

NORTH HARFORD BAPTIST CHURCH
Children's Camp 2010
Defending the Faith
Emergency Information Card

Name _____ Birthdate: _____
Grade _____ Age (as of 6/27/2010) _____ Gender _____
Home Address _____
City _____ State _____ Zip _____
Parent/Guardian _____
Work Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
List two optional emergency relatives or friends:
Name _____ Relation _____ Phone _____
Name _____ Relation _____ Phone _____
Personal Physician _____ Phone _____
Ins. Co. _____ Group# _____ Policy# _____

IN CASE OF EMERGENCY, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injection of medications for my child.

Signature of Parent of Guardian *Date*

Please list any allergies that your child may have. This includes medicines, insects, etc. Also note any other info that we may need: _____

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