

# AURORA SCHOOL SUMMER CAMPS 2010

## Emergency Contact Sheet



**Child's Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent 1:	Parent 2:
Name:	Name:
Address:	Address:
City:                      Zip Code:	City:                      Zip Code:
Home Phone#:	Home Phone#:
Cell Phone #:	Cell Phone #:
Work Phone #:	Work Phone #:
Email:	Email:

**Emergency Contacts:**

This camper may be released to the following people in an emergency only.

- 1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contact person living outside the S.F. Bay Area in case local phone service is down:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Aurora School to use pictures of my child in their publications or on their website: Yes No