



Youth Emergency Contact Form

Camper's Information:

Child's Name: _____ M or F: _____ Date of Birth: _____

Name the child prefers to be called: _____ Grade (if summer, entering): _____

Does your child have any health concerns (medications, chronic conditions, behavioral, emotional or challenges? Yes No

Does your child typically get therapeutic or Para-professional assistance in school? Yes No

Please give us any additional information about your child and his/her needs that will help us facilitate a great experience:

Known allergies and reactions: _____

Medications and frequency of use: _____

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Primary Guardian's Information:Primary Guardian's Name: _____ Cell #: _____ ☐ Best daytime #

Physical Address: _____

Mailing Address: _____

E-mail Address: _____ Home #: _____ ☐ Best daytime #Employer: _____ Employer #: _____ ☐ Best daytime #

Relationship to child: _____

Secondary Guardian's Information:Secondary Guardian's Name: _____ Cell #: _____ ☐ Best daytime #

Mailing Address: _____

E-mail Address: _____ Home #: _____ ☐ Best daytime #Employer: _____ Employer #: _____ ☐ Best daytime #

Relationship to child: _____

List persons who can either pick up and/or assume responsibility for your child(ren) in the event of an emergency if parents cannot be reached. At least one non-guardian contact person must be listed with their phone number:

_____ Best contact #: _____

Persons **NOT** authorized to pick up or drop off your child (attach legal documents): _____**AUTHORIZATION FOR EMERGENCY MEDICAL CARE:**

I hereby give permission to the Yampatika staff to secure emergency medical and/or surgical treatment for my child while in their care. All expenses of such care will be accepted by the parent(s)/legal guardian, including fees for an ambulance, if deemed necessary by staff. I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is at hand or circumstances do not allow.

Printed Name: _____

Signed: _____

Parent or Legal Guardian

Date: _____