



**EMERGENCY CONTACT FORM – Bus Camp with The REACH and Ben Franklin Transit  
6/18/2019**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

My Name: \_\_\_\_\_ I am Child's: ☐ Parent  
☐ Grandparent  
☐ Legal Guardian

**CALL ME AT THESE PHONE NUMBERS:**

Home: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Work: \_\_\_\_\_

**CHILD'S DOCTOR'S INFORMATION:**

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**IF YOU CAN'T REACH ME, PLEASE CALL:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Work: \_\_\_\_\_

**MY CHILD IS CURRENTLY TAKING THESE MEDICATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POTENTIALLY  
LIFE-THREATENING**

☐ YES  
☐ No

**Summer Camp Pick Up Authorization:**

Please list the names of all people authorized to pick up your child. All authorized persons must be at least 16 years of age and prepared to show photo identification.

Name:	Relationship to Child:	Telephone Number:

*By signing this form, I authorize Caregiver to call 911 on behalf of my child in an emergency.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_