

# SUMMER SHORE

## Emergency Contact and Consent Information

The form must be completed and returned prior to the start of camp. Only campers with completed Emergency Information will be allowed to participate in Shore's Sports Camp. *Thank you!*

### IMPORTANT: PLEASE COMPLETE ALL QUESTIONS ... BOTH SIDES!

NAME OF STUDENT \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ Does your home phone have an answering machine? YES \_\_\_\_\_ NO \_\_\_\_\_

OTHER NUMBERS (optional)

**Mom/Parent Guardian #1**

Cellular Phone \_\_\_\_\_

2<sup>nd</sup> Home Line \_\_\_\_\_

Beeper/pager \_\_\_\_\_

FAX Machine \_\_\_\_\_

**Dad/Parent Guardian #2**

Cellular Phone \_\_\_\_\_

Beeper/pager \_\_\_\_\_

**PLEASE LIST WHO WILL BE DROPPING OFF/PICKING UP YOUR CHILD AT CARPOOL**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

**PLEASE LIST WHERE PARENTS CAN BE REACHED IN THE EVENT OF AN EMERGENCY**

**PARENT/GUARDIAN #1**

NAME \_\_\_\_\_

**PARENT/GUARDIAN #2**

NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

BUS. ADDRESS \_\_\_\_\_

BUS. ADDRESS \_\_\_\_\_

BUS. PHONE (\_\_\_\_\_) \_\_\_\_\_ EXT. \_\_\_\_\_

BUS. PHONE (\_\_\_\_\_) \_\_\_\_\_ EXT. \_\_\_\_\_

BUS. FAX (\_\_\_\_\_) \_\_\_\_\_

BUS. FAX (\_\_\_\_\_) \_\_\_\_\_

**PLEASE LIST TWO NEARBY RELATIVES OR NEIGHBORS WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED**

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

DAYTIME \_\_\_\_\_ DAYTIME \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

Relationship to student \_\_\_\_\_ Relationship to student \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

The undersigned parent/guardian of (*print student's full name*) \_\_\_\_\_ consents to the School's taking such child to a hospital, doctor or dentist, when in the opinion of Shore Sports Camp personnel, treatment appears necessary and to the treatment of such child by such hospital, doctor or dentist when, in the opinion of the care provider, such treatment appears reasonably necessary in circumstances where the parent or guardian cannot be reached in a timely manner to give consent. This consent will remain in effect as long as the above child attends Shore's summer programs, or until I revoke my consent in writing.

NAME OF PARENT/GUARDIAN \_\_\_\_\_ SIGNATURE \_\_\_\_\_

(*please print clearly*)

RELATIONSHIP TO STUDENT \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

**P L E A S E   C O M P L E T E   A N D   S I G N   B O T H   S I D E S**

