

Dancing Coyote Camp Emergency Form

Contact Information			
Camper Name		Birth date	
Custodial parent/guardian			
Phone (Home, Business, Cell)			
2nd parent, guardian or emergency contact			
Phone(Home, Business, Cell)			

Insurance Information			
Carrier		Plan	
ID #		Group Number	

Signature of Person Responsible

Allergies (list all known)		

Summary of Health History

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering xrays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer	Date

Instructions: Complete and sign this form, then cut along outside dashed lines. Fold the card down the middle solid line. Submit this card along with camp application, medical history form, copy of insurance card, and teacher recommendation.



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