



## Summer Camp Emergency Contact Form

15 Tech Parkway Suite 101, Stafford VA 22556, 540-628-2230

### Participant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male:\_\_\_\_Female: \_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Grade entering in Summer 2024: \_\_\_\_\_

### Parent/Guardian Contact Information

Parent/Guardian Name: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_ Phone (work): \_\_\_\_\_  
Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_ Phone (work): \_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

### Pick-up Information

- Please check all options that apply:

- ☐ My child(ren)/ward may be picked up by me and any of the following people listed below:
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

### Medical Information

My child has the following allergies: \_\_\_\_\_  
Does your child have asthma? Yes \_\_\_\_ No \_\_\_\_ If so, how is it treated?\* \_\_\_\_\_  
Please list any other pertinent medical conditions: \_\_\_\_\_  
Does your child have up-to-date immunizations? Yes \_\_\_\_ No \_\_\_\_