

EMERGENCY

SIDE 2

Child's Name _____ Camping Sessions _____

IN THE EVENT OF EMERGENCY-----

Whom do we contact first?

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

If not available:

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Child's or Family Physician:

Name: _____

Address: _____ **Phone:** _____

NOTE: IN THE EVENT OF AN EMERGENCY AND NONE OF THE ABOVE CAN BE CONTACTED, CAMP SUNRISE WILL CONTACT THE PHYSICIAN NAMED ABOVE AND WILL SEEK APPROPRIATE MEDICAL TREATMENT AS DEEMED NECESSARY BY THE NATURE OF THE EMERGENCY AND THE PHYSICIAN.

It is agreed that any pictures taken at Camp Sunrise may be used in future news releases or promotional material, and that additional authorization for such use will not be required.

It is understood that Camp Sunrise has the right to dismiss any camper who, for any reason, seems detrimental to the best interest of the camp.

Also, any attempt to conceal any medical or emotional problems will result in the immediate dismissal of the camper and a loss of all camp deposits and payments.

Date

Signature of Parent or Guardian