

Camp Integrations

Building Skills for Fun and Friends

Emergency Contact Information

Child's Name: _____ Age: _____

Address: _____

Home Phone: _____

Mother's Name: _____ Mother's Work/Cell Phone: _____

Father's Name: _____ Father's Work/Cell Phone: _____

Person we may contact in case of emergency if parent(s) cannot be reached:

Name: _____ Phone: _____

Relationship to Child: _____

Primary Doctor's Name: _____ Phone: _____

Insurance Company: _____ Phone: _____

Policy #: _____

If parent/guardian cannot be contacted in case of emergency, the child will be taken to the nearest hospital for treatment. If there are any special circumstances regarding your child's health that Camp staff should be aware of, please describe below: _____

Travel Authorization

In addition to the main campsite, Camp Integrations activities will take place at Project Stables Appy Pines Ranch, as well as a local park/playground. Children will be transported in staff vehicles. See camp schedule for approximate departure times/arrivals. You have the option of transporting your own child to/from camp locations. Please check your option below.

_____ YES, I authorize my child to leave the campsite as indicated above, and travel with camp staff.

I hereby release Therapeeds and Camp Integrations from any and all liability in case of accident or injury incurred during travel.

Signature of Parent/Guardian

Date

_____ NO, I will provide transportation for my child to/from all Camp activities.

