

EMERGENCY CONTACT CARD

Camp Minikani

Child's Name _____

Birthday _____

Allergies or Special Concerns:

Mother's Name _____

Phone Numbers:

_____ home work cell
_____ home work cell
_____ home work cell

Father's Name _____

_____ home work cell
_____ home work cell
_____ home work cell

Apply SPF30 Target brand sunscreen to my child as needed

Apply insect repellent to my child as needed.

In the event of a serious accident or emergency, I give permission for my child

_____ to receive emergency treatment through his/her family doctor

Clinic: _____

Doctor's Name: _____

Phone: _____

OR through Community Memorial Hospital in Menomonee Falls, WI. I understand that permission is only to be used when I cannot be reached.

Parent Signature

Date

Emergency Contact People:

Name

Phone

Name

Phone