

TAMARAK

23970 North Elm Road, Lincolnshire, Illinois 60069 (847) 634-3168 Fax 634-8262

EMERGENCY CONTACT & RELEASE

Camper(s) Names: _____

Home Address: _____

Emergency Contacts

Mom's name _____ Dad's name _____

Home (____) _____

Mom's Cell (____) _____ Mom's Work (____) _____

Dad's Cell (____) _____ Dad's Work (____) _____

Notes: _____

Additional Contact Persons

Relationship

1. _____

Home(____) _____ Cell (____) _____ Work(____) _____

2. _____

Home(____) _____ Cell (____) _____ Work(____) _____

3. _____

Home(____) _____ Cell (____) _____ Work(____) _____

Camp Release

I authorize Tamarak Day Camp and its personnel to: transport my child(ren) to and from camp and its activities; supervise and instruct my child(ren) in all camp activities; administer First Aid or have emergency medical treatment given by paramedics or qualified physicians. I realize that with participation in a camp program involving physical activities there is a possibility of injury, for which we have medical or student coverage. I am aware that we are responsible for our child(ren) after they have been dropped off. I consent to the use of my child(ren)'s pictures for the camp brochure and publicity purposes. **I have read the camp information and brochure and agree to all policies.**

Signature: _____ Date: _____