

## EMERGENCY CONTACT INFORMATION

Camper Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

List any medical conditions that camp personnel should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications currently taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*IN CASE OF EMERGENCY PLEASE CONTACT:*

Name \_\_\_\_\_

Relation to Camper \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Cell phone number \_\_\_\_\_

Work number \_\_\_\_\_

Name of Medical Insurance Company: \_\_\_\_\_

Telephone number \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Doctor \_\_\_\_\_

Telephone Number \_\_\_\_\_

I, \_\_\_\_\_, as the parent or guardian of the camper named above, authorize MoPete's Flintstone Basketball Camp staff to seek medical/surgical treatment which is reasonably necessary to care for the camper. I further authorize the medical facility that treats the camper to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the camper's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

I, \_\_\_\_\_, certify that I am of the age of 18 and parent or legal guardian of camper named above, and I acknowledge that I understand and agree to the terms as outlined above.