

## EMERGENCY CONTACT SETON DAY CAMP

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Contact Information:** PLEASE PRINT CLEARLY.

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Main # \_\_\_\_\_ Main # \_\_\_\_\_

Business # \_\_\_\_\_ Business # \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

**If parents cannot be reached, please contact one of the following people below:**

**Name/Relationship** \_\_\_\_\_

Main # \_\_\_\_\_ Business # \_\_\_\_\_ Cell # \_\_\_\_\_

**Name/Relationship** \_\_\_\_\_

Main # \_\_\_\_\_ Business # \_\_\_\_\_ Cell # \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_ Doctor Name: \_\_\_\_\_ # \_\_\_\_\_