

CAMP MERRIWOOD TRIP EMERGENCY INFORMATION CARD

CAMPER NAME _____ DATE _____

ADDRESS _____

DATE OF BIRTH _____ HOME PHONE _____

PARENT OR GUARDIAN _____

CELL PHONE _____ WORK PHONE _____

EMERGENCY CONTACT NUMBER _____

FAMILY M.D. _____ PHONE _____

ALLERGIES/MEDICAL CONDITIONS _____

MEDICATIONS _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to Camp Merriwood staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

SIGNATURE _____ RELATIONSHIP _____