

Please fill out and Return to Contry Hill Farm

Camper's Name: _____

Parent's Names: _____

Emergency Contact Information

In case of an, Emergency Please Contact and Notify:

1.	_____			
	Name	Phone (H)	Phone (W)	Phone (C)
2.	_____			
	Name	Phone (H)	Phone (W)	Phone (C)
3.	_____			
	Name	Phone (H)	Phone (W)	Phone (C)

Emergency Medical Information

Does your child have health care insurance? (Circle one) Yes / No

Local Physician's Name: _____ Phone#: _____

Local Dentist's Name: _____ Phone#: _____

Health Plan Name: _____ Policy Number: _____

Health Concerns (Allergies, medical conditions, etc.): _____

Emergency Power of Attorney

In the event of an accident or sudden or unexpected illness of my child, if I cannot be contacted, I authorize the school staff to call the physician named above and follow their instructions. Should the named physician not be available, I further authorize, in my place and in my stead, the school to seek the services of any qualified physician and to transport my child to the physician's office of hospital for treatment including x-rays, laboratory tests, or whatever medical or surgical treatment and agree to pay the customary fees or charges for such treatment. I also give permission to release medical information to staff as necessary. (All medical information is considered confidential).

Mother's Signature **Date**

Father's Signature **Date**