

CAMPER EMERGENCY INFORMATION

Name : _____ Date of birth _____
School _____ Current grade _____ T-shirt size _____
Sessions attending _____ # of years completed at camp _____

FAMILY DATA

Address _____
City _____ Zip Code _____
Home Phone _____
Mother's Name _____ Occupation _____
Work phone _____ Cell Phone _____
E-mail address _____
Father's Name _____ Occupation _____
Work phone _____ Cell Phone _____
E-mail address _____

IF THE ABOVE PEOPLE ARE NOT AVAILABLE IN AN EMERGENCY,
PLEASE NOTIFY:

Name _____
Address _____ Zip code _____
Home phone _____ Work phone _____ Cell phone _____

I, _____ give the above name children permission to travel under the supervision of one or more persons authorized by France Exchange.

I understand that my child will travel in a van or car, I hereby release France Exchange, its officers, agents and employees, from any and all liability arising out of my child's participation in any activities and field trips.

I certify that my child is physically able to participate in all activities. In case of accident or illness, I give F.E.S. and its representatives permission to obtain necessary medical aid (including, but not limited to, hospitalization, required treatment, injections, x-rays, etc.)

I consent to any medical or dental procedures deemed necessary by a physician or child's personal physician for any emergency which may arise.

My child is not to engage in the following activities: _____

I authorize France Exchange to administer children Tylenol if needed: Yes No

This authorization shall remain effective for all field trips and other transportation necessary to and from our facility unless revoked in writing and delivered to said agents.

I agree to allow my child to be used in any promotional photographs or videos.

INSURANCE CARRIER NAME _____

POLICY # _____ INSURANCE TEL# _____

PREFERRED HOSPITAL _____

DOCTOR'S NAMES _____ Tel: _____

PARENTS/GUARDIAN'S SIGNATURE _____ **Date** _____