

# Summer Camp Visitor Emergency Contact Form

Instructions: Please fill out this form completely. This information is required for all camp visitors and will be kept on file for safety and emergency purposes.

## 1. Visitor Information

Visitor's Full Name:

Date of Visit:

Visitor's Phone Number:

Relationship to Camper (if applicable):

## 2. Primary Emergency Contact

Contact Full Name:

Relationship to Visitor:

Primary Phone Number:

Alternate Phone Number:

## 3. Secondary Emergency Contact

Contact Full Name:

Relationship to Visitor:

Primary Phone Number:

Alternate Phone Number:

## 4. Medical Information

Known Medical Conditions / Allergies:

## 5. Authorization and Signature

By signing below, I certify that the information provided is accurate to the best of my knowledge.

Visitor Signature (Sign after printing):

Date:

MM/DD/YYYY