

CAMP PALMER

EMERGENCY CONTACT/PARENTAL CONSENT FORM

Camper's Name: _____ Age: _____

Address: _____ City, State, Zip Code: _____

Mother's Information:

Mother's Name: _____ Home Telephone: _____

Daytime Contact No.: _____ Cell No.: _____

Father's Information:

Father's Name: _____ Home Telephone: _____

Daytime Contact No.: _____ Cell No.: _____

Emergency Contact Person(s):

Contact Name: _____ Phone: _____

Contact Name: _____ Phone: _____

Contact Name: _____ Phone: _____

Contact Name: _____ Phone: _____

Person's which camper can be released- all persons will need to provided proof of identity when picking up

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature of parent or guardian

Date

Signature of parent or guardian

Date