

Mission Oaks Recreation and Park District

EMERGENCY FORM

Select All Programs that Apply:

After School Adventures HYPE Camp Oak Wood Camp Kids Camp Have-A-Lot-of-Fun
Presidents' Break Camp Spring Break Camp Thanksgiving Break Camp Winter Camp

Name	Sex	Date of Birth	Age	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Address _____ City _____ Zip Code _____

Guardian _____ Relationship _____ Phone # _____

Guardian _____ Relationship _____ Phone # _____

Physician Name _____ Physician # _____

Hospital and Location _____

Does Participant(s) have any medical issues or special needs staff should know about? Y N

If YES, Please Explain: _____

EMERGENCY INFORMATION

IF GUARDIAN CANNOT BE REACHED FIRST, THEN NOTIFY EMERGENCY CONTACT PERSON:

NAME _____ Day Phone # _____ Cell# _____

RELATIONSHIP TO PARTICIPANT _____

NAME _____ Day Phone # _____ Cell# _____

RELATIONSHIP TO PARTICIPANT _____

FOR ADMINISTRATIVE USE ONLY:

Site(s) _____ Date Completed _____

