DECOMA DAY CAMP
3851 N. Mission Hills Road
Northbrook, Illinois 60062

Tel: 847/945-4455
Fax: 847/945-2131
Email: decomadaycamp@aol.com

EMERGENCY FORM

Fill Out and Return Immediately *(do not hold for completion of medical forms)*

CHILD'S NAME _____ _____
First last

AGE_____ BIRTHDATE_____
mo/ day / year

CHILD'S NAME _____ _____
(2nd camper) first last

AGE_____ BIRTHDATE_____
mo/ day / year

HOME ADDRESS_____

CITY_____ST_____ ZIP_____ HOME PHONE_____

MOBILE PHONES: mother's_____ father's_____

ADDITIONAL PHONE_____EMAIL_____

MOTHER'S NAME_____
first last

BUSINESS ADDRESS_____

_____BUSINESS PHONE_____

FATHER'S NAME_____
first last

BUSINESS ADDRESS_____

_____BUSINESS PHONE_____

PARENT'S AUTHORIZATION: In case my child _____ has a medical emergency at a time that I cannot be reached, I hereby give Decoma Day Camp permission to authorize emergency measures necessary for his or her welfare.
Signature of Parent or Guardian: _____Date_____

IF NO ONE AT HOME IN EMERGENCY, NOTIFY:_____

ADDRESS_____

_____PHONE_____

PHYSICIAN'S NAME_____PHONE _____

ADDRESS_____

If your child has a preference to be grouped with other campers, please list names below (limit of 3).
To honor this request, we must receive form by May 25!

_____ _____ _____