DREAM BIG DAY CAMP EMERGENCY INFORMATION & AUTHORIZATION FORM

Child's Name _____
(Last) (First) (Birthdate)

I hereby grant permission for my child to use Steck Elementary School, Hill Middle School, all of the play equipment on the Hill-Steck campus, and to participate in all activities at Dream BIG Day Camp.

I hereby grant permission for the person in authority to take whatever steps may be necessary to obtain emergency care if warranted. These steps include, but are not limited to, the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact emergency persons listed below.
4. Call an ambulance or paramedic.
5. Take my child for treatment to any doctor or any hospital in the company of a staff member.

HOSPITAL OF CHOICE: _____

ANY EXPENSES WILL BE INCURRED BY THE CHILD'S FAMILY.

INSURANCE INFORMATION

Name of Insured: _____
Insurance Co: _____
I.D. # _____ Policy # _____

EMERGENCY CONTACTS

Child's Physician: _____
(Phone)
Child's Dentist: _____
(Phone)

In the event you are unavailable, please list two emergency contacts

Name: _____
(Phone)
Name: _____
(Phone)

ONLY THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP MY CHILD

Name: _____
(Phone)
Name: _____
(Phone)
Name: _____
(Phone)
Name: _____
(Phone)

Parent or Legal Guardian Signature: _____
(Date)