

Traveling Skate Camp

Emergency Contact List

Camper name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____

1. In case of emergency please contact: _____

Relationship to camper: _____

Address: _____

Daytime Phone: _____ Cell Phone: _____

2. In case of emergency please contact: _____

Relationship to camper: _____

Address: _____

Daytime Phone: _____ Cell Phone: _____

Medical Information

Insurance Plan: _____

Patient # _____ Group # _____

Primary Care Physician Name: _____

Primary Care Physician Phone Number: _____

Allergies: _____

Other pertinent medical information in case of emergency: _____

***Please remember to update information if anything changes**