Emergency Information For Unattended Minor

CAMP ANOKIJIG

W5639 ANOKIJIG LANE PLYMOUTH, WI 53073-2868 (920) 893-0782

NAMELAST			BIRTHDATE	AGE	SEX	
LAST	FIRST	MI				
PARENT(s)/GUARDIA	N(s)					
STREET ADDRESS						
CITY		STATE	ZIP	PHONE		
FATHERS WORK PHO	ONE		MOTHERS WORK	PHONE		
ANY ALTERNATE PH	ONE NUMBE	RS: (cell, etc.)				
IF NOT AVAILABLE I	N AN EMERG	ENCY, NOTIFY	·			
ADDRESSPHONE						
THE FOLLOWING				ARENT OR LEGAL D DELAY OF TREAT	,	CH THAT IN
<u>signature & date</u>	ARE REQUIE	<u>RED</u>				
DATE OF LAST TETA	NUS SHOT: _					
PLEASE LIST ANY AI						
DESCRIBE ANY MAJO	OR MEDICAL	PROBLEMS:				
MEDICAL BILLS INCOURRENT INSURANCE COPY OF INSURANCE NAME OF FAMILY MEROUP OR POLICY NEW TOUTH OF THE PROPERTY	E INFORMATE INFORMATE EDICAL/HOSE UMBER ON FOR To the cadminister and to promain selected lation, for the category is the category in the category is an an an area of the category in the category is an area of the category in the category in the category is an area of the category in the category in the category is an area of the category in the category in the category in the category is an area of the category in the	REATMENT e medical per medications vide or arrange person name	FIED (COPY OF BOY) YES / NO NCE (Fill in name sonnel selected by order X-Rays, eage necessary related on this form.	of responsible a etc); to release ated transportation to secure and a	adult below) any records ron. I hereby giadminister treorms may be p	to provide necessary for ve permisatment, in-
RELEASE: This permission to engaphotos, videos, voideos, voideos appropriate Signature	ge in all car ce, and ima	np activities ges taken of t	except as noted. he person named	I give permission I herein for purp	n for Camp A	nokijig to use
	(Par	ent/Legal Gu	ardian)			