

EMERGENCY CONTACT/PARENTAL CONSENT FORM

CONTACT INFORMATION

Child's Name	
Date of birth	
Address	

Mother's Name/ Legal Guardian	
Home Number	
Cell Number	
Work Number	
Home Address	
Email Address	

Father's Name/ Legal Guardian	
Home Number	
Cell Number	
Work Number	
Home Address	
Email Address	

Emergency Contact	
Relationship to Child	
Home Number	
Cell Number	
Work Number	
Home Address	

MEDICAL INFORMATION

Physician's Name	
Address	
Phone Number	
Insurance Carrier	
Insured's Name	
ID Number	
Chronic Illness	
Allergies	
Current Medications	
Dietary Restrictions	
Special Information	

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM TO INDICATE CONSENT

Obtaining Emergency Medical Care/ Ambulance transportation if needed to LIJ Hospital	
Admin of Minor First Aid Procedures	
Trips / Rain day activities	
Swimming	
Transportation	
Photographs	

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in camp at Cunningham Tennis.

Signature of Parent or Guardian

Date