

Auburn Recreation
Summer Day Camp – Emergency Sheet

Child's Name: _____ DOB: _____

Age: _____

Address: _____

City: _____ Zip: _____

Mother's Name: _____

Cell Phone: _____

Work Phone: _____

Home/Other Phone: _____

Father's Name: _____

Cell Phone: _____

Work Phone: _____

Home/Other Phone: _____

Child Allergies: _____

Child Medications: _____

Medical Conditions/Additional Notes: _____

Other Emergency Contacts:

1. Name: _____ Phone: _____
Relationship: _____
2. Name: _____ Phone: _____
Relationship: _____
3. Name: _____ Phone: _____
Relationship: _____