

## Poughkeepsie Tennis Club Summer Camp Emergency Contact Form

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

The best way to contact during camp hours: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

The best way to contact during camp hours: \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**In case of emergency, if parents cannot be reached, contact:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Optional Second Contact:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Does your child have any allergies (foods, medicine, bees etc)?**

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

**Is there any other helpful information you would like us to know about your child in case of an emergency?** \_\_\_\_\_

**Insurance Carrier/Group Number/Information** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_