



## Summer Camp 2010

MEDICAL/EMERGENCY CONTACT FORM

CONFIDENTIAL

Child's full name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall '10: \_\_\_\_\_

Does your child have any known medical conditions?

\_\_\_\_\_

*(If so, please explain on back any special care he/she requires. Please be aware that we do not have medical personnel on staff.)*

Does your child take medication that needs to be administered during class?

\_\_\_\_\_

Does your child have any food or environmental allergies?

\_\_\_\_\_

Does your child have any learning disabilities, fears or other problems that we should be aware of?

\_\_\_\_\_

Child's doctor and phone number: \_\_\_\_\_

Child's dentist and phone number: \_\_\_\_\_

Health Insurance carrier and policy number: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Child's home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Person to call in case of emergency other than parent and phone #: \_\_\_\_\_

\_\_\_\_\_

Anyone else who has authority to pick up or drop off child: \_\_\_\_\_

Please mail form in before camp begins to:  
Ridgefield Guild of Artists, 34 Halpin Lane PO Box 552, Ridgefield CT 06877