

Last Name _____ First Name _____

2010 CCRI Emergency Form/Card

(Separate Card Required for Each Child)

Camper Last Name _____ First Name _____ Sex ____ DOB ____ Age ____

Mother's Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Mother's (H) Phone _____ (W) Phone _____ Hrs. of Work _____

Father's Last Name _____ First Name _____

Father's (H) Phone _____ (W) Phone _____ Hrs. of Work _____

Who Should We Contact First? _____ Cell/Pgr. # _____

Bus Transportation Required? Yes No Which Sessions? 1 2 3 4 7 8 9 10

If Transportation is Required, Circle Desired AM Pick Up Location: Annapolis High Crofton

Benjamin Tasker Shipley's Choice **Write In PM Location** (if different) _____

Trip Camp Transportation – Please Circle Session 5 6 Crofton Annapolis

Extended Hours Needed? (n/a if using Bus!) Yes No Which Sessions? 1 2 3 4 7 8 9 10

When A Parent Cannot Be Reached, Please List One Other Person Who May Be Contacted In An

Emergency: Name _____ Relationship To Child _____

(H) Phone _____ (W) Phone _____ Hrs. of Work _____ Pgr./Cell _____

Child's Physician _____ Phone _____ City _____ State _____

Child's Dentist _____ Phone _____ City _____ State _____

Is the Participant Covered By Family Medical/Hospital Insurance? Yes No

Name of Insured _____ Relationship to Child _____

Please List Any Allergies Your Child Has _____

Action To Take In Event of Allergic Reaction _____

Medication Release Please List Any Medications Your Child Takes

Med #1 _____ Reason _____ Dose _____ When _____

Med #2 _____ Reason _____ Dose _____ When _____

The original packaging/bottle with child's name accompanied by written directions, medication, dosage, frequency of administration & the prescribing physician are required before medication will be administered. All medication must be turned into CCRI staff at park or bus stop. Please do not send medication in lunch box, book bags, etc. Parent Signature _____ Date _____

Names of Persons Authorized to Pick Up Child Other Than Parents (Must Correspond with Names Listed On Red Camper Pick-Up Cards Sent With Confirmation Packet).

Red Pick Up Card or Photo I.D. Required Every Day When Picking Child/ren Up:

Name _____ # _____ Relationship To Child _____

Name _____ # _____ Relationship To Child _____

Creative Community Resources

P.O. Box 221 Crownsville, MD. 21032 410.266.6132

Office Only: Ultimate White Tail 1 2 3 5 6 7 8 9 10 Little Camp 8 9
High Adventure 5 Water, Water, Water 6 LT 3 Add. Approved LT Wks. 4 5 6 8 9 10