

Camper Last Name _____ First Name _____

List Allergies: n/a _____

Action To Take In Event of Allergic Reaction _____

2012 CCRI Emergency Form

(Separate Form Required for Each Child)

Camper DOB _____ Age @ Camp _____ Gender M F

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 4 6 7 8 9 10

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

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

Trip Camp Transportation – Please Circle Session 3 5 Crofton Annapolis

Extended Hours Needed? (n/a if using Bus!) Yes No Which Sessions? 1 2 4 6 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 _____

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 Inc.
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Office Only: Ultimate White Tail 1 2 4 6 7 8 9 10 Specialty Sc So A C Little Camp 2 4 6 8
Coasters 3 Overnight Adventure 5 LT 2 Add. Approved LT Wks. 4 6 7 8 9 10