



## Summer Camp 2011

### 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