

# *Emergency Information & Authorization for Treatment & Transportation*

**Child' Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
*First Last*

**Parent/Guardian Name** \_\_\_\_\_  
*First Last*

**Cell Phone** \_\_\_\_\_

**FULL-DAY CAMPERS ONLY:** Permission to walk from Stir It Up to Tantra Park with Stir It Up staff (weather permitting) 2 blocks each way. YES \_\_\_\_\_ NO \_\_\_\_\_

**Alternate Emergency Contact:**

1) \_\_\_\_\_  
*Name Relationship Phone Cell Phone*

2) \_\_\_\_\_  
*Name Relationship Phone Cell Phone*

**Additional Person Authorized to Pick up Child:**

1) \_\_\_\_\_  
*Name Relationship Phone Cell Phone*

2) \_\_\_\_\_  
*Name Relationship Phone Cell Phone*

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**MEDICAL**

**Child's Allergies/Reactions:** \_\_\_\_\_

Medications: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Insurance Information:** \_\_\_\_\_

**Authorization for emergency medical care and transportation:**

In the event of an emergency I hereby give my permission for child care staff to access emergency medical services for my child, including transport to the nearest healthcare facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will b made to locate me, and I accept the expense of care and transport.

\_\_\_\_\_  
*Parent/Guardian Signature Date Parent/Guardian Signature Date*