

# CAMP PUTNAM, INC.

## Emergency Information

Please fill out completely and return to camp  
by mail or the first day your child attends camp.

### Emergency Information...

Child's Name:	
Parent's Name:	
Home Address:	
Home Phone:	
Parent's Work Phone:	
Parent's Cell Phone:	

### Emergency Contact Person...

Name:	
Relationship to Child:	
Phone:	

### Other Specific Instructions to follow in the event of an emergency...

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## Emergency Authorization

*In the event of a medical emergency concerning my child, if I can not be reached,  
the Camp Director, Camp Nurse, or Designee has authority to act in my behalf.  
I understand that all medical costs will be my responsibility.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Insurance/Medical Information...

Insurance Carrier:	
Policy Number:	
Child's Doctor and Address:	

## Publicity Consent

*We routinely have the news media visiting Camp Putnam, as well as routinely taking pictures for use  
in Camp Putnam publicity. If you do NOT want your child's name/picture published you must inform  
us, IN WRITING, before your child's attendance at Camp.*