

**~BENNER'S FARM SUMMER CAMP~
EMERGENCY CONTACT FORM**

This form must be completed and returned with your child (children) on the first day of camp. Children will not be admitted without a completed form.

Parent or Guardian Name:	
Address:	
Work Phone(s):	Cell Phone(s):
Emergency Contacts / Those to whom your child/children may be released (Name/Address/Phone):	
1. Child's Name:	Date of Birth:
Physician's Name/ Address/ Phone:	
Allergies:	
<small>Yes</small> May your child have SUNSCREEN and/or INSECT REPELLANT reapplied at camp? (Circle either or both- SIGNATURE REQUIRED: _____.)	
2. Child's Name:	Date of Birth:
Physician's Name/ Address/ Phone:	
Allergies:	
May your child have SUNSCREEN and/or INSECT REPELLANT reapplied at camp? (Circle either or both- SIGNATURE REQUIRED: _____.)	
3. Child's Name:	Date of Birth:
Physician's Name/ Address/ Phone:	
Allergies:	
May your child have SUNSCREEN and/or INSECT REPELLANT reapplied at camp? (Circle either or both- SIGNATURE REQUIRED: _____.)	

I have read and understand the information provided in the letter enclosed with this form.

Signature of Parent or Guardian: _____.

Do you grant Benner's Farm permission to take photos of your child(ren) that may be used for our own advertisement or promotional purpose? (Without names or personal information)

CIRCLE: YES NO PARENT SIGNATURE: _____

MEDICAL CONCERNS:

(Please state any medical concerns here, or anything else that you wish for us to know about your camper)

Immunization Record

Please include/attach an up-to-date copy of immunizations for each camper to the emergency contact form.