



Emergency Contact Information for Day Camp

<hr/> <p>Child's Name</p>	<hr/> <p>Date of Birth</p>	M	F
		Sex	
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>		
()	()	()	()
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, State, ZIP Code</p>	<hr/> <p>City, State, ZIP Code</p>		
<hr/> <p>Email Address</p>			

Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>		
()	()		
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, State, ZIP Code</p>	<hr/> <p>City, State, ZIP Code</p>		

Persons Authorized to pick up child: _____ (Please be advised anyone NOT listed on this form will not be allowed to pick up your child)

Medical Information

Hospital/Clinic Preference

<hr/> <p>Physician's Name</p>	<hr/> <p>Phone Number</p>
<hr/>	<hr/>

Allergies/Special Considerations or Accommodations:

In case of emergency please specify any of your child's health issues (medications, etc.) that emergency responders or hospital personnel may need to know: _____

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

I give permission for my child to participate in the Hands on History Day Camp. I release and shall do indemnify, hold harmless and excuse the First Missouri State Capitol State Historic Site and the Missouri Department of Natural Resources, its agents, and employees from any and all expense, cost, charges, bills, claims, damages, lawsuits, and liability for bodily injury or property damage which may be suffered by participant or caused by the participant to any other person or entity during the course of the activity, or as a result of the activities related to the Hands on History Day Camp.

Parent's/Guardian's Signature

Date

