

# Summer Camp Emergency Contact Form 2017

Boulder Pointe Equestrian and Event Center, LLC

**Child's Information:**

Child's Name: \_\_\_\_\_ M or F: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name the child prefers to be called: \_\_\_\_\_ Grade (2017-2018): \_\_\_\_\_

**Primary Guardian's Information:**

Primary Guardian's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Home #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Best way to reach you while child is at our program: \_\_\_\_\_

**Secondary Guardian's Information:**

Secondary Guardian's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Home #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Best way to reach you while child is at our program: \_\_\_\_\_

List persons who can either pick up and/or assume responsibility for your child(ren) in the event of an emergency if parents cannot be reached. At least one non-guardian contact person must be listed with their phone number:

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Persons **NOT** authorized to pick up or drop off your child (attach legal documents):

Does your child have any health concerns (medications, chronic conditions, behavioral or mental disabilities) that we should know about in order to facilitate safe and successful participation? Yes No  
If yes, please describe:

Known allergies and reactions: \_\_\_\_\_

Medications and frequency of use: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please give any additional information concerning your child, which may be helpful:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE:**

I hereby give permission to the Boulder Pointe Equestrian and Event Center, LLC staff to secure emergency medical and/or surgical treatment for my child while in their care. All expenses of such care will be accepted by the parent(s)/legal guardian, including fees for an ambulance, if deemed necessary by staff. I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is at hand or circumstances do not allow.

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

Parent or Legal Guardian  
Printed Name: \_\_\_\_\_