



EMERGENCY MEDICAL FORM

Camper Info:

**Bunk
Office Use**

Last name _____ First name _____ Age _____

Last name _____ First name _____ Age _____

Last name _____ First name _____ Age _____

Address _____ City _____ State & Zip _____

Mother's name _____ Father's name _____

Home phone _____ Fax # _____

Mother's email _____ Father's email _____

Mother's work phone _____ Mother's cell phone _____

Father's work phone _____ Father's cell phone _____

EMERGENCY CONTACT INFO

All emergency contacts must be local (NOT a parent).

Emergency contact # 1 name _____ Phone _____

Address _____ City _____ State & Zip _____

Emergency contact # 2 name _____ Phone _____

Address _____ City _____ State & Zip _____

Physician name _____ Phone _____

Address _____ City _____ State & Zip _____

Preferred hospital _____

Dentist _____ Phone _____

Address _____ City _____ State & Zip _____

In case of emergency & I cannot be reached, I give permission for Camp Gan Israel to call the contact people listed above.

Signature _____ Date _____