

# EMERGENCY HOME CONTACT

**PLAST CAMP East Chatham, NY**

Camper's Name \_\_\_\_\_ Height: \_\_\_\_\_  
Home Address \_\_\_\_\_ Weight: \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Eye color: \_\_\_\_\_  
\_\_\_\_\_ Hair color: \_\_\_\_\_  
Parents' names \_\_\_\_\_  
Address during child's stay at camp \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_  
Email address \_\_\_\_\_

Attach  
photograph  
of  
camper  
here.

## PERSONS TO BE CONTACTED IN CASE OF EMERGENCY (List in order of priority)

1. Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

**If the above information should change, I will notify the camp in writing.**

Signature of Parent or Guardian

Date



### PARENTS' AUTHORIZATION FOR FIELD TRIPS

I am aware that the camp program may include several field trips, and that these field trips may involve any or all of the following activities: crossing state boundaries, travel by bus and overnight stay outside of Plast Camp property (this last item applies only to children in the the older "yunak" camps) Understanding the above, I hereby give my child permission to participate in these field trips.

Signature of Parent or Guardian

Date



I give the camp nurse permission to dispense to my child, in her professional judgment specific over-the-counter medications, which have been approved for specific use by the camp physician These medications will be administered only in the absence of serious medical problems in which case a physician will always be consulted. A list of these medications and their uses can be reviewed at the camp infirmary.

Signature of Parent or Guardian

Date

