



JCC of Mid-Westchester Camps

EMERGENCY/AUTHORIZATION RELEASE FORM

Camper's Name: _____

Parent's Name: _____

Address: _____

Telephone Number: (Home) _____ (Cell #) _____

In the event of an accident or illness requiring emergency medical care, and in the event that I cannot be contacted immediately, I hereby authorize the camp director or other person in charge to secure such medical care as necessary.

Parent's Signature (or Guardian)

Date

Pediatrician's Name: _____

Pediatrician's Telephone #: _____

Name and telephone numbers of persons to be called in case of illness (other than those listed above):

The following is a list of those individuals authorized to pick my camper up at the end of the day:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I understand that should a last-minute change be necessary in the authorized pick up of my camper, that change should be made in writing or called in to the Camp Director with enough notice to record the change.

Parent's Signature (or Guardian)

Date