



This form is required for your child's participation in the 92nd Street Y's activities.

92nd Street Y CAMP K' TON TON

Emergency Information & Release Form

Please print all information clearly using black ink. Use a separate form for each child.

CHILD'S Last Name _____ First _____ Birth Date _____

Parent/Guardian 1 _____ Home # _____

Street _____ Apartment # _____ City _____ State _____ Zip Code _____
Work # _____ Cell Phone # _____

Email address _____

Employer _____ Work Address _____

Parent/Guardian 2 _____ Home # _____

Street _____ Apartment # _____ City _____ State _____ Zip Code _____
Work # _____ Cell Phone # _____

Email address _____

Employer _____ Work Address _____

Emergency Contacts

Must be a local person(s) other than parent/guardian listed above.

1) Name _____ Relationship to Child _____

Home # _____ Work # _____ Cell Phone # _____

2) Name _____ Relationship to Child _____

Home # _____ Work # _____ Cell Phone # _____

Person(s) Other than Parents/Guardian(s), Approved to Pick-Up My Child

1) Name _____ Relationship to Child _____

Phone # _____ Cell Phone # _____

2) Name _____ Relationship to Child _____

Phone # _____ Cell Phone # _____

Parent/Guardian Permissions

- I give the 92nd Street Y permission to use pictures and video of my child for future promotional purposes. YES NO
- I give my child permission to participate in trip(s) that leave the premises of the 92nd Street Y. YES NO

Parent/Guardian Signature _____ Date _____

PLEASE COMPLETE OTHER SIDE

Health & Medical Information

Physician's Name _____ Phone Number _____

Does your child have medical insurance? Yes No Insurer _____

Policy # _____ Group # _____

List all allergies and any action to be taken if child has an allergic reaction (***If your child has an Epipen, a meeting must be set up with the camp before your child begins.***):

Indicate any information pertinent to an existing medical condition or medical history that may require special attention:

Medical Release

- In case of emergency, I hereby authorize the doctor or the hospital to which my child is brought to perform any emergency procedure or operation, to give treatment and the administration of an anesthetic to my child. I understand that I will be called if any emergency occurs. YES NO
- I hereby authorize Camp K'Ton Ton staff to administer allergy medication as indicated above in case of an allergic reaction. I understand that I will be called in the event that this occurs. YES NO

It is the firm hope that the authorization granted on this form will never need to be used. For the safety of the children, however, sound medical practice calls for such authorization. In emergency situations, where for some reason the parent/guardian of the child cannot be contacted immediately, this form may be extremely important. The authorization granted by this form will be used only where absolutely necessary and only after every attempt has been made first to contact the parent/guardian.

We find that doctors and hospitals refuse to give any treatment, regardless of how minor, unless they have authorization from the parents/guardians. As you know, time can be a factor in being of assistance to your child where medical attention is needed, and this would assure us that no time would be lost in giving immediate attention. This authorization will be kept in your child's file in the Camp office.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Responsibilities

- I understand that I must immediately notify the Camp K'Ton Ton office of any changes to the information on this form.
- I understand that I am responsible for notifying the Camp K'Ton Ton Office of my child's absence and when I or an approved pick-up person is running late to pick-up my child.

I have read, understand, and agree to the above.

Parent/Guardian Signature _____ Date _____