



Department of Recreation
17 North Main Street
Medford, NJ 08055

609-654-2512
FAX 609-654-6536

EMERGENCY CONTACT FORM

THIS FORM MUST BE GIVEN TO YOUR CHILD'S TEACHER ON THE FIRST DAY YOUR CHILD GOES TO CAMP. THANK YOU!!!

CHILD'S FULL NAME _____

ADDRESS _____

BIRTHDATE _____

PHONE # _____

CELL # _____

ALTERNATE EMERGENCY # _____

FOOD OR INSECT ALLERGIES: _____

MY CHILD IS ALLOWED TO CAR POOL WITH AND BE SIGNED OUT BY:

NAME: _____

NAME: _____

NAME: _____

NAME: _____

PARENT'S SIGNATURE _____ **DATE** _____