

# TAMARAK

23970 North Elm Road, Lincolnshire, Illinois 60069 (847) 634-3168 Fax 634-8262

## EMERGENCY CONTACT & RELEASE

Camper(s) Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

### Emergency Contacts

Mom's name \_\_\_\_\_ Dad's name \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_

Mom's Cell (\_\_\_\_) \_\_\_\_\_ Mom's Work (\_\_\_\_) \_\_\_\_\_

Dad's Cell (\_\_\_\_) \_\_\_\_\_ Dad's Work (\_\_\_\_) \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

### Additional Contact Persons

### Relationship

1. \_\_\_\_\_

Home(\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_

Home(\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_

3. \_\_\_\_\_

Home(\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_

### Camp Release

I authorize Tamarak Day Camp and its personnel to: transport my child(ren) to and from camp and its activities; supervise and instruct my child(ren) in all camp activities; administer First Aid or have emergency medical treatment given by paramedics or qualified physicians. I realize that with participation in a camp program involving physical activities there is a possibility of injury, for which we have medical or student coverage. I am aware that we are responsible for our child(ren) after they have been dropped off. I consent to the use of my child(ren)'s pictures for the camp brochure and publicity purposes. **I have read the camp information and brochure and agree to all policies.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_