



KINDER Camp

Emergency Contact & Authorized Pick Up Form

Child's Name: _____

Primary Parent/Guardian 1: _____

Phone: _____ Phone: _____

Primary Parent/Guardian 2: _____

Phone: _____ Phone: _____

Allergies/Medical Condition:

Special Accommodation(s):

Emergency Contacts (**someone that is NOT the primary parent/guardians**):

Name: _____

Relationship: _____

Phone: _____ Phone: _____

Name: _____

Relationship: _____

Phone: _____ Phone: _____

Authorized Pick-Up (**must show ID upon pick-up**):

Name: _____

Relationship: _____

Phone: _____ Phone: _____

Name: _____

Relationship: _____

Phone: _____ Phone: _____