



# PLAST CAMP – EMERGENCY CONTACT

Counselor's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home address: \_\_\_\_\_ Height \_\_\_\_\_

BULAVA

\_\_\_\_\_ Weight \_\_\_\_\_

Guardian's address during camp (if different): \_\_\_\_\_ Eye color \_\_\_\_\_

\_\_\_\_\_ Hair color \_\_\_\_\_

Attach  
THIS SIZE  
photograph  
of counselor  
here  
(taken within the  
last 6 months)

	Guardian # 1	Guardian # 2
Name		
Home phone		
Cell Phone		
Work phone		
Email		

***In case of emergency, guardians will be called first. If guardians are unavailable, these people should be contacted in this order:***

1. Name: \_\_\_\_\_ Relationship to counselor: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to counselor: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to counselor: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**If the above information should change, I will notify the camp immediately.**

\_\_\_\_\_  
Guardian signature

\_\_\_\_\_  
Date

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**Authorization for Field Trips**

I am aware that the camp program may include several field trips and that these field trips may involve any or all of the following activities: crossing state boundaries, travel by charter bus or private car, swimming, and overnight stay outside of Plast Camp property. Understanding the above, I hereby give my child permission to participate in these field trips.

\_\_\_\_\_  
Guardian signature

\_\_\_\_\_  
Date