

EMERGENCY INFORMATION
2012 HTRA SUMMER FIELD HOCKEY CAMP

Name _____ Grade in Sept 2012 _____
Date of Birth _____ School _____

To serve your child in case of accident or sudden illness, it is necessary that you furnish the following information for emergency calls:

Mother's Name _____ Father's Name _____
Home/Work# () _____ Home/Work# () _____
Cell# () _____ Cell# () _____

LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:

Name _____	Name _____
Address _____	Address _____
Phone # _____	Phone # _____
Cell # _____	Cell # _____

HEALTH INFORMATION: List any health conditions such as heart disease, allergies, asthma, diabetes, epilepsy, eye or ear problems, or any chronic condition, etc. List any medications your child may need to use during camp (e.g. inhalers, EpiPen) _____

DOCTOR: 1st choice _____ 2nd Choice _____
Phone # _____ Phone # _____

HOSPITAL CHOICE: _____

I, the undersigned, do hereby authorize officials of the Harding Township Recreation Association Summer Field Hockey Camp to contact directly the persons named on this form, and do authorize the named physicians to render such treatment as may deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, the HTRA officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the Harding Township Recreation Association financially responsible for the emergency care and/or transportation for said child.

The HTRA Field Hockey Camp does not accept responsibility for injuries sustained while playing or participating in camp activities.

Parent/Guardian _____ Date _____