

### Rancho Colorados Emergency Form

<b>Family's Last Name:</b>			
Child's Name:	DOB:	Age:	M/F
Medical Conditions/Allergies:			
Child's Name:	DOB:	Age:	M/F
Medical Conditions/Allergies:			
Child's Name:	DOB:	Age:	M/F
Medical Conditions/Allergies:			

Mother's Full Name:	Mobile:	Office:
Father's Full Name:	Mobile:	Office:
Preferred Email Address(es):		

<b>Medical Contacts:</b>	
Physician's Name/Group	
Physician's Phone Number	
Dentist's Name/group	
Dentist's Phone Number	

<b>Secondary Contacts:</b> <small>Emergency Contact other than parents whome are also allowed to pick child up from camp</small>	
Name:	Primary Phone Number:
Relationship to Family:	
Name:	Primary Phone Number:
Relationship to Family:	
Name:	Primary Phone Number:
Relationship to Family:	

<b>Camp Rancho has permission to reapply sunscreen on my chid(ren) around noon</b>	
<b><i>*Please apply sunscreen in the morning before dropping your child(ren) off*</i></b>	<b>Initial if 'yes'</b> <input type="checkbox"/>

THIS CONSENT GIVES PERMISSION FOR MEDICAL CARE IN PARENTAL/GUARDIAN ABSENCE AND MUST BE PRESENTED UPON ADMISSION FOR TREATMENT. EVERY EFFORT WILL BE MADE TO NOTIFY THE PARENT/GUARDIAN IMMEDIATELY IN CASE OF EMERGENCY, ILLNESS, OR INJURY. IN THE EVENT THAT THE PARENT CANNOT BE CONTACTED OR CANNOT ARRIVE AT CAMP RANCHO IN AMPLE TIME, THE CHILD WILL BE TRANSPORTED BY AMBULANCE IN CASES OF EMERGENCY.

IN THE EVENT THAT MY CHILD REQUIRES MEDIAL OR SURGICAL CARE WHILE I/WE AM/ARE UNABLE TO BE REACHED, I HEREBY CONSENT TO MEDICAL OR SURGICAL TREATMENT BEING PROVIDED TO MY CHILD AS DEEMED NECESSARY BY ANY ATTENDING HEALTH PROFESSIONAL. I AGREE TO PAY ALL COSTS AND FEES ARISING OUT OF ANY EMERGENCY CARE AN/OR TREATMENT FOR MY CHILD AS RENDERED OR AUTHORIZED PURSUANT TO THIS CONSENT. THIS CONSENT WILL BE IN EFFECT FROM JUNE 13, 2016 THROUGH JULY 29, 2016.

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SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE: