Camp Summerset Camper Emergency Form

Child's Name			
*Home Phone			
Address			
Street	City	State	Zip
	s require that we ha the event of an eme		hone
Parent 1 Name	Work	Cell	
Home Phone (if di	fferent from child)		
Parent 2 Name	Work	Cell	
Home Phone (if di	fferent from child)		
1. Emergency Co	**************************************	************	********
Name		Relation	
Home	Work	Cell	

2. Emergency Contact

Name		Relation	
		·	
Home	Work	Cell	