

CAMP PLAYLAND

Located at: 800 Ponus Ridge Road, New Canaan, CT 06840

P.O. Box 4718, Stamford, CT 06907

Phone: 203-966-2937 • Fax: 203-966-2325

Email: playlanddaycamp@aol.com

**CAMPER EMERGENCY CONTACT & INFORMATION FORM
2009**

Camper 1 _____
Last First

Camper 2 _____
Last First

Camper 3 _____
Last First

Camper 4 _____
Last First

Address (Summer 2008) _____

Phone: _____ Family email: _____

Mother / Guardian's name _____
Home phone (if different) _____ Cell phone _____
Place of business / address _____ Phone _____

Father / Guardian's name _____
Home phone (if different) _____ Cell phone _____
Place of business / address _____ Phone _____

If not available in an emergency, notify: (the below listed are authorized to remove my child(ren) from the camp premises)

Name _____ Relationship _____
Home phone _____ Cell phone _____
Address _____

Name _____ Relationship _____
Home phone _____ Cell phone _____
Address _____

Child(ren)'s Physician _____ Phone _____

Child(ren)'s Dentist / Orthodontist _____ Phone _____

I hereby give permission for my child(ren) _____
to receive first aid or emergency medical care and to be transported by ambulance to an appropriate medical facility, if necessary.

Signature of Parent / Guardian _____ **Date** _____

I give permission for Camp Playland to use photographs taken at Camp Playland of my child(ren) in brochures and advertisements.

Signature of Parent / Guardian _____ **Date** _____

A HEALTH FORM CURRENT WITHIN 3 YEARS MUST BE ON FILE IN THE CAMP OFFICE.

CAMP PLAYLAND DOES NOT PROVIDE ACCIDENT OR HEALTH INSURANCE.