

**EMERGENCY CONTACT FORM**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

**We are required to have the following information for EACH child enrolled in camp.**

**CONTACT INFORMATION**

Primary Contact: \_\_\_\_\_ Day and/or Cell #: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Guardian 1: \_\_\_\_\_ Day and/or Cell #: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Day and/or Cell #: \_\_\_\_\_

Guardian 3: \_\_\_\_\_ Day and/or Cell #: \_\_\_\_\_

**REQUIRED**—Additional Emergency Contacts/Authorized Pick-Up Contacts - other than Parent/Guardian

Name: \_\_\_\_\_ Day and/or Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Day and/or Cell #: \_\_\_\_\_

Preferred Language for Communication: \_\_\_\_\_

**MEDICAL & GENERAL HEALTH**

**HEALTH CONDITIONS / ALLERGIES**

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Surgery    Recent Injury    Recurrent/Chronic Illness    Fainting    Asthma/Wheezing

Please note additional concerns or details below: \_\_\_\_\_

Is your child currently taking any medications?    YES    NO

Name of Medications: \_\_\_\_\_

***I give permission for the designated camp staff member to administer the following:***

Calamine Lotions    Sunscreen    Insect Repellent    Acetaminophen (Tylenol)    Benadryl  
Ibuprofen (Advil)    Sudafed    Hand Sanitizer    All of the above    None of the above

**Does your child carry the following?**    INHALER    EPI-PEN    **If Yes, can they administer themselves?**    YES    NO

**EMOTIONAL / BEHAVIORAL NEEDS**

IEP    504    Custody Agreement

Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMERGENCY MEDICAL AUTHORIZATION**

In the event a student is injured or becomes ill while participating in a program offered through the Nantucket Community School the team member in charge will contact the participant’s parent, guardian and/or emergency contact. However, if the parent, guardian and/or emergency contact cannot be reached, or if in the judgment of the staff, the illness or injury requires immediate attention, the Nantucket Community School is authorized to obtain such medical assistance as the team member in charge may deem necessary or proper, including, but not limited to appropriate medical treatment at Nantucket Cottage Hospital. In order to provide this authorization, this completed Emergency Medical Authorization Form must be submitted and on file with Nantucket Community School. I/We, \_\_\_\_\_, the Parent(s)/legal guardian(s) of said child, \_\_\_\_\_, who is enrolled in the Nantucket Community School’s program/class authorize the above child to be taken to Nantucket Cottage Hospital when the need for such treatment is immediate and efforts to contact me are unsuccessful. I acknowledge that I am responsible for all charges in connection with care and treatment rendered during this period.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CAMP AUTHORIZATIONS**

By signing this document, I give permission for my child enrolled in camp to:

- Be transported by Nantucket Community School to participate in all Nantucket Community School program activities and related field trips.
- Be photographed by NCS staff and NCS vendors for use in publication/marketing.
- To participate in swimming/aquatic activities (NCS will assess each child’s skill level, per camp licensure). Additionally, I give NCS permission to share my contact information with collaborating vendors.

***To opt out of any of these conditions please email the NCS Business Office Manager: [manchesterk@npsk.org](mailto:manchesterk@npsk.org)***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL INFORMATION**