

EMERGENCY CONTACT INFORMATION (Must be a parent or guardian if under 18)

Name: _____ Relationship: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Cell: (____) _____ Phone #2: (____) _____

Email: _____

If primary Emergency Contact is unavailable, please provide a secondary contact:

Name: _____ Relationship: _____

Cell: (____) _____ Phone #2: (____) _____

MEDICAL INFORMATION

Doctor's Name: _____

Allergies: Medications:

Is an Epi-pen required for any allergy? _____

List any Special Needs: Mobility (Wheelchair, walker, etc.): _____

Dietary Restrictions (Vegetarian, Vegan, etc.): _____

List any other information that you think would be valuable for Camp staff to be aware of that would make your day with us more enjoyable for you:

PHOTO RELEASE The undersigned gives permission to the Links, Incorporated to use photographs and audio and/or video recordings of Camp Participant for fundraising and/or marketing purposes. On occasion, with permission, Participant photographs may be included in promotional videos, websites, albums, or newsletters.

X _____ Date: _____

Participant Signature

X _____ Date: _____

Parent/Legal Guardian for Participant under age 18