

Magic Carpet Day Camp

EMERGENCY CONTACT FORM

Mother's Last Name, First Name _____, _____ Camper # _____

Child's/ren's Full Name(s) _____

In case of a medical emergency where I cannot be reached, I hereby authorize the camp to take such emergency measures as are deemed necessary. The camp is to notify me immediately, if possible. If not, the camp should attempt to contact the following people:

Name(s)	Relationship to Child/ren	Telephone(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

AFTERNOON TRANSPORTATION AND DISMISSAL OPTIONS

Please Select An Option From The Choices Below and Place an "X" in the Appropriate Box

My child/ren will take the bus to the drop off address indicated on the Enrollment Form. When the bus arrives at the stop: ✓

- #1. My child/ren can be dropped off without a parent or guardian present. A key will be provided Yes No. If yes, what should be done if the key cannot be found when the bus reaches the drop off address: _____
- #2. My child/ren can be dropped off at the following emergency address if no one is present at the regular drop off address. (This address must be within a block or two of the regular drop off address that is on the Enrollment Form.)
- Name(s) _____ Relationship _____
(to Child/ren)
- Address _____ Telephone Number(s) _____
- #3. My child/ren can get off the bus only if I, and/or the following others are present at the drop off address:
- Name(s) _____ Relationship _____
(to Child/ren)

(If you have chosen the #2 or the #3 option and no one is home, your child/ren will remain on the bus. At the camp's discretion, your child/ren will be taken either to the bus depot, back to the camp or to the last stop to remain with the bus counselor. It will be the responsibility of the parent or guardian to arrange for pick-up.)

My child/ren will **not** take the bus in the afternoon. My child/ren will be picked up at the campsite: ✓

- #4. My child/ren will be picked up at the campsite by 4:00 pm. Only I and/or the following others will be allowed to take my child/ren from the campsite:
- Name(s) _____ Relationship _____
(to Child/ren)
- #5. My child/ren will be picked up at the campsite between 4:00 pm and 6:00 pm from the Extended Hours Program. I understand that there is an additional fee for this service. Only I and/or the following others will be allowed to take my child/ren from the campsite:
- Name(s) _____ Relationship _____
(to Child/ren)

Date _____ Parent's Signature _____

Both copies of this form are to be returned to the camp.