



PURE WOORI SUMMER CAMP

EMERGENCY FORM

In case of emergency please be sure to fill this form out completely.

CHILD'S NAME: _____

ADDRESS: _____

PARENT 1 NAME: _____ PHONE #: _____

PARENT 2 NAME: _____ PHONE #: _____

EMAIL 1: _____ EMAIL 2: _____

Name two adults who will assume responsibility for child if parents cannot be reached:

1. NAME: _____ ADDRESS: _____

PHONE: _____

2. NAME: _____ ADDRESS: _____

PHONE: _____

DOCTOR: _____ PHONE: _____

DENTIST: _____ PHONE: _____

Special health condition, if any:

Explain: _____

If transportation is needed for our child in case of illness or injury, we agree that in case of emergency, my child will be transported by ambulance to the nearest hospital.

Parent's Signature:

Parent's Name:
