



Albert & Ann Deshur
Rainbow Day Camp
Bus Emergency Form

Camper's Name: _____ Age: _____

Address: _____

City: _____ Zip: _____

Allergies: _____

Mother's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Bus Stop: _____

Session(s): _____

Other Emergency Contact Information

Name: _____ Phone: _____

Name: _____ Phone: _____

Transportation Authorization: I hereby give Albert & Ann Deshur JCC Rainbow Day Camp permission to transport my child via bus to and from camp and/or for field trip purposes.

Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for me/or my child named above. This form may be photocopied for use out of camp.

Signature of Parent/Guardian/Adult Camper or Staff

Date