

City of Falls Church Recreation & Parks 2020 Emergency Information Form

Save file as Last Name, First Name and submit to: Recreation@fallschurchva.gov

Camper Name:		
_____	_____	_____
First	Middle	Last
Preferred Gender Pronouns:		
He/Him/His She/Her/Hers They/Them/Theirs Other:		Language Spoken at Home:
Home Address:		City/State:
Primary Guardian:		Primary phone:
Employer:		Secondary Phone:
Secondary Guardian:		Primary phone:
Employer:		Secondary Phone:
Please list three, local emergency contacts if the parent/guardian cannot be reached:		
Name:	Relation:	Phone:
Name:	Relation:	Phone:
Name:	Relation:	Phone:
Please list all persons authorized to pick up your child other than the parent/guardian:		
Medical Information		
Health Insurance Provider:		Child's Physician:
Policy/Group/Employee Number:	HMO Number (if applicable):	Physician's Telephone:
<input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have any allergies? If so, please specify below.		
<input type="checkbox"/> Yes <input type="checkbox"/> No Will your child need medication during camp? If so, please request a medication authorization form.		
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there any issues (fears, etc.) that may easily upset your child? If so, please specify below.		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does your child require special accommodations? If so, please specify below.		
Additional notes:		
I hereby <input type="checkbox"/> DO / <input type="checkbox"/> DO NOT (please check one) permit my child to sign him/herself out of camp without an adult.		
The camp has my permission, in an emergency when I cannot be contacted, to take my child to the emergency room of the nearest hospital. The hospital's medical staff has my authorization to provide treatment which a physician deems necessary for the well-being of my child.		
PARENT/GUARDIAN SIGNATURE: _____		DATE: _____