

**BAYONNE BOARD OF EDUCATION  
COMMUNITY EDUCATION PROGRAM  
2010 WASHINGTON SCHOOL SUMMER DAY CAMP 2010  
EMERGENCY CARD**

In case of an emergency, it may be necessary to contact parents during school / camp hours. To make this possible, please furnish us with the following information.

**\*PLEASE PRINT\***

DATE OF BIRTH \_\_\_\_\_ ANY MEDICAL CONDITIONS \_\_\_\_\_

CAMPER NAME \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME TEL. \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL# \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL# \_\_\_\_\_

**If we are unable to contact parents in emergency situations, it is important that we have other references that you authorize us to contact.**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. \_\_\_\_\_

DATE \_\_\_\_\_ T-SHIRT SIZE Youth ()S ()M ()L  
Adult ()S ()M ()L ()XL

**List the names and relationship of the individuals that are authorized to pick up your child. If not on this list the WCS Camp will need written authorization from parent.**

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Checking this box I give my son/daughter permission to WALK home from Washington Community School Summer Camp by THEMSELVES. I assume all responsibility for this action and WILL NOT hold the Bayonne Board of Education responsible/liable for anything that happens to my child as they go home from summer camp. \_\_\_\_\_**

\_\_\_\_\_  
(SIGNATURE OF PARENT OR LEGAL GUARDIAN)