



www.cgirw.org

(800) 979-CAMP

**CAMP GAN ISRAEL EMERGENCY FORM**

Dear Parent/Guardian,

Your son/daughter is below legal age of consent. The law requires that we have your permission if medical service should be needed. Your signature on the consent form will authorize us to proceed with the care of lesser types of medical problems, which may occur. In the event of any major health problems, we will notify you as promptly as possible and follow your instructions. If we are unable to contact you or your alternative listed below, your child will be taken to the nearest Emergency Room facility and will be treated there.

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Mothers Work Number: \_\_\_\_\_ Fathers Work Number: \_\_\_\_\_

Mothers Cell Phone Number: \_\_\_\_\_ Fathers Cell Phone Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Dentist Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

IN CASE OF EMERGENCY AND PARENT OR GUARDIAN  
CAN NOT BE REACHED - PLEASE CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Should an emergency arise and I can not be reached I give permission for Camp Gan Israel to call the contact people listed above.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

\* Please note that all emergency contact people must be local and should not be a parent.