

# Emergency Contact and Consent Form

## CONTACT INFORMATION

Camper Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
First MI Last

Parent/Guardian 1: \_\_\_\_\_ E-mail: \_\_\_\_\_  
First Last

Address:

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ E-mail: \_\_\_\_\_  
First Last

Address:

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**You must provide contact information for two (2) adults who can arrive on campus as soon as possible within twenty-four (24) hours of being notified in case of an emergency involving your child or your child testing positive for COVID-19.**

**By signing this form, I give consent to the University of Denver and the camp my child is attending to contact these individuals and to release my child to these individuals if I cannot be reached and/or I cannot arrive on campus within twenty-four (24) hours of being contacted.**

Emergency Contact Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
First Last

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

Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
First Last

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is there someone who should, by court order, NOT be allowed to pick up this child?

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

Description: \_\_\_\_\_

# CHILD MEDICAL INFORMATION

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PLEASE PRINT CLEARLY.

In case of serious illness or injury and if you cannot be reached, will you allow your child to be transported to the doctor or hospital?      Yes      No

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Frequency: \_\_\_\_\_

Other: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## CONSENT FOR TREATMENT

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**The information on this form will be used in emergency situations. If at any time due to circumstances such as accident, sudden illness, or emergency, and medical treatment is required for my child, this form will be given to the necessary personnel including private physician, hospital, or medical personnel. I hereby give permission to the University of Denver and the camp my child is attending to secure emergency medical treatment for my child. I agree to be financially responsible for all expenses of such care.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date