

EMERGENCY CONTACT INFORMATION

The information on this form is gathered to assist us in indentifying appropriate care for your child. Any changes to this form should be provided to URI prior to the participant's arrival in Camp. Please complete the information including the insurance information below so URI's authorized personnel can be aware of your requirements. *Safety of your child(ren) is of the utmost importance.*

.....
Participant/Camper Name (please print): _____ **Date:** _____

DOB: _____ **Current Age at Camp:** _____

Home Address: _____

Custodial Parent/Legal Guardian Name (print): _____

Day time Phone: _____ **Business Phone:** _____

Home Address: _____

Business Address:

_____ **Second Parent/**

Legal Guardian Name or Emergency Contact (print): _____

Home Address: _____

Day time Phone: _____ **Business Phone:** _____

Business Address: _____

Relationship to Camper: _____

Insurance Information

Name of Insurance Company: _____

Is the participant/camper fully covered by family medical/hospital insurance?: Yes No

If so, indicate the carrier or plan name and Policy Number: _____