

California Fair Play Asthma Camp
Kid's Play Camp

Camper Emergency Information

Camper's Full Name: _____

IN CASE OF EMERGENCY OR DISCIPLINARY PROBLEM, I CAN BE REACHED AT THE FOLLOWING NUMBER AND ADDRESS DURING THE WEEK OF CAMP.

Parent or Guardian Name (print) _____

Address during camp week: _____

City: _____ State: _____ Zip: _____

Phone Number (day) _____ (Eve) _____

Cell Phone: _____ Pager: _____

IF I AM NOT AVAILABLE, PLEASE CONTACT: _____

Phone Number (day) _____ Eve _____

Parent or Guardian Signature: _____

I will be picking my child up after camp at:

*Samuel Pannel Community Center
24th and Meadowview Road
Sacramento, CA*

My Child has my permission to ride home with: _____
