

# CAMP EMERGENCY FORM

Parks and Recreation Services  
4300 Linda Vista Ave, Napa, CA 94558  
707-257-9307



Child's name:		Birth date:	
Parent/guardian name:		Relationship to child:	
Cell:		Work or home phone:	
Address:		City:	State: Zip:
Employer:		Email:	
Parent/guardian name:		Relationship to child:	
Cell:		Work or home phone:	
Address:		City:	State: Zip:
Employer:		Email:	
Please list at least one person in addition to the parent/guardian(s) to pick up your child in the case of emergency. They will be required to show ID when picking up your child. They must be 18 years or older.			
Additional person authorized to pick up child:			
Relationship to child:		Phone:	
Address:		City:	State: Zip:
Additional person authorized to pick up child:			
Relationship to child:		Phone:	
Address:		City:	State: Zip:
Additional person authorized to pick up child:			
Relationship to child:		Phone:	
Address:		City:	State: Zip:

Special instructions or anything else we should be aware of:

In the case of an emergency requiring medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes the responsible person with the City of Napa facility to have your child transported to that hospital.

If there are updates to your contact information or child's medical conditions, please let us know immediately.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date