

Emergency Contact Form



GORDON
COLLEGE

Sport: _____

(Camper Last Name)

(Camper First Name)

Person to be notified in case of injury:

Last Name _____ First Name _____

Relationship _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Pager () _____

Physician to be notified in case of injury:

Last Name _____ First Name _____

Address _____ City _____ State _____

Work Phone () _____ Zip _____

Dentist to be notified in case of injury:

Last Name _____ First Name _____

Address _____ City _____ State _____

Work Phone () _____ Zip _____

For your safety and our records, please answer the following questions in detail.

Do you have medical insurance? Yes _____ No _____

Name of Insurance Company _____

Address _____ City _____ State _____

Policy # _____ Zip _____

Consent is hereby given for the applicant to attend Gordon College Camp and, in case of an emergency, permission is given to the camp instructors to secure proper medical care.

I understand and accept the condition that neither Gordon College nor anyone associated with Gordon Athletic Camps will assume any responsibility for accidents and medical or dental expenses incurred as a result of participation in the programs.

Date

Signature of Parent or Guardian