



Emergency Contact Form

Required prior to Camp/Class/Programming

CHILD(REN)'S INFORMATION

First Name	Last Name	Sex	Age	Date of Birth (M/D/YY)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PARENT/GUARDIAN INFORMATION

Name(s) _____ Email(s) _____

Primary Emergency Phone _____ Secondary Phone _____

HEALTH AND EMERGENCY INFORMATION

Preferred Emergency Treatment Facility _____

I do hereby give my consent to Washington Pavilion Management Inc. for my child(ren) to receive medical or surgical aid as may be necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when a parent or guardian cannot be reached. Consent is also given for Washington Pavilion Management Inc. or a duly appointed representative to transport my child for emergency medical treatment if a parent or guardian cannot be reached.

ALLERGIES or MEDICAL CONDITIONS

CHILD(REN)

_____	_____
_____	_____
_____	_____

No allergies or medical conditions

PERMISSION FOR SELF CHECK-OUT (only for ages 11 and above)

YES, _____ is/are at least 11 years old and has permission to check himself/herself out of Camps, Classes and Programming at the Washington Pavilion.

NO, my child does not have permission to self check-out.

MEDIA RELEASE

My child can be photographed, and I authorize photographs to be used for Washington Pavilion educational or promotional purposes.

YES NO

SIGNATURE

By signing below, I certify that all information provided on this form is accurate.

Parent/Guardian Signature

Date

Please return this form to education@washingtonpavilion.org or dapa@washingtonpavilion.org