

2010 Vol - EMERGENCY CARD

Please fill out **on both sides**. You need only complete **one card per family**.

Emergency information must be provided to ensure your safety in case of serious accident or illness.

It is vitally important that all information be up to date and correct. If no responsible person can be reached, the camp will call 911 or the Sheriff's Department for necessary arrangements in case of an emergency.

Please PRINT		First Name	Last Name	Gender	Adult / Teen
VOLUNTEERS				M / F	A / T
				M / F	A / T
				M / F	A / T
HOME	Street Address		City	State	Zip

Contact Person	Name/Relationship _____		Home ph# _____	Cell ph# _____	
	Name/Relationship _____		Home ph# _____	Cell ph# _____	

2010 Speech & Fun Summer Camp Riverside Medical Clinic Foundation 951-682-2753

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Please **fill out both sides** of this EMERGENCY CARD.

IN CASE OF EMERGENCY : *(this part must be completed)*

Physician _____ Location _____

Dr.'s Phone _____

Medical Plan _____ ID# _____

Medical or other emergency information we should know about you: (i.e., asthma, diabetes, allergies, etc.)

(Your parent's signature if you are under 18 years old)

Your name, Please PRINT _____

Your Signature _____ Date _____

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