

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

CAMPER PICK-UP RELEASE FORM

To better ensure the safety of each camper, we are asking that all parents/guardians fill out this Camper Pick-Up Release Form. We realize that there may be times when someone other than yourself will be picking up your child from camp. If the person coming is not on the list, we will not release your child to that person. ****We reserve the right to deny release to any person who does not have a valid picture ID.**

Furthermore, any parent has the right to review staff background check, health care documents, discipline policies, and grievance procedures upon request.

If you have any questions, please call the Gordon College Athletic Department at 978.867.4343.

CAMPER NAME: _____

Please list all people, including yourself, who are allowed to pick up your child.

Name (First and last. Please print.)

1. _____
2. _____
3. _____
4. _____
5. _____

Parent/Guardian Signature: _____



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PERMISSION TO ADMINISTER EPI-PEN

I, the undersigned parent or guardian, give permission for the Gordon Camp Health Care Manager or his/her designee to administer epinephrine via the prescribed epi-pen to my child _____.
(Child Name)

I have provided the needed written prescriptions or orders from my physician which state that the child requires the epi-pen for anaphylaxis. My child is incapable of administering the epi-pen him/herself.

Signature of Parent or Guardian

Printed name of Parent or Guardian

Date