

Duanesburg Summer Park Program

Emergency Form

(Please fill out a separate form for each child participating)

Child : _____ DOB : _____

Age : _____

Parent(s)/Guardian(s) : _____ / _____

Town of Residence : _____

Primary Address : _____

Home Phone : _____ / _____

Cell Phone : _____ / _____

Emergency Contact : _____

Phone # : _____

Second Emergency Contact : _____

Phone # : _____

Allergies : _____

Medications : _____

By signing below, I hereby give permission for the Duanesburg Summer Park Program to take photographs of my child for future program promotions.

Print Name : _____ Signature : _____