



Chefschool Kids Camp Emergency Contact Form

This form is a vital part of your child's registration and must be completed for each child attending camp.

Camper's Name: _____

Dates Attending: _____

Parent/Guardian(s): _____

Address: _____ Home

Phone: _____ Mobile Phone: _____

Email: _____

EMERGENCY CONTACTS:

Name: _____

Phone: _____

Name: _____

Phone: _____

IMPORTANT MEDICAL INFORMATION:

ALLERGIES:

Parent's/ Guardian's Signature _____

Date _____