



JCC of Mid-Westchester  
Camp Gadol/Camp Xtreme/Summer Arts Center/Dance Intensive/CIT

### Emergency Release Form

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

*In the event of an accident or illness requiring emergency medical care, and in the event that I cannot be contacted immediately, I hereby authorize the camp director or other persons in charge to secure such medical care as necessary.*

Mother's signature \_\_\_\_\_

Father's signature \_\_\_\_\_

Date \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_

Pediatrician's Tel. # \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Name and telephone numbers of persons to be called in case of illness (other than those listed above)

\_\_\_\_\_

\_\_\_\_\_