

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

EMERGENCY RELEASE FORM

Camper'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 person in charge to secure such medical care as necessary.

Mother's Signature (or Guardian): _____ Cell #: _____

Father's Signature (or Guardian): _____ Cell #: _____

Date: _____

Pediatrician's Name: _____

Pediatrician's Telephone #: _____

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

