

# East-John Youth Center, Inc.

11835 MILL BRIDGE ROAD LUSBY, MARYLAND 20657  
410-326-1150 - PHONE 410-326-2911 - FAX

## Emergency Form

*East-John Youth Center, Incorporated is a 501 (C) (3) Non-Profit Organization*

Name of Child: \_\_\_\_\_

Description of Medical Problem(s):

\_\_\_\_\_  
\_\_\_\_\_

(We do NOT administer any medication to any child. If your child requires medication please make arrangements to administer it to your child prior to coming to camp. Please do not send medication to camp with your child.)

Procedure and Medication Needed:

\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, please indicate below to whom contact can be made in numerical order (1, 2, 3, 4)

\_\_\_\_ Parents/Guardians Phone # (1) \_\_\_\_\_

Phone # (2) \_\_\_\_\_

\_\_\_\_ Other Relatives Phone # (1) \_\_\_\_\_

Phone # (2) \_\_\_\_\_

\_\_\_\_ Doctor Phone # (1) \_\_\_\_\_

\_\_\_\_ Hospital Phone # (1) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

This document is for all children and especially children that have allergies, asthma, allergic reactions, or any other medical conditions that may require medical attention.