



AJN EMERGENCY FORM

Return by **June 11** to:
Kenilworth Union Church, Attn: Linda Flinn
211 Kenilworth Avenue
Kenilworth, IL 60043

Children cannot participate in camp without this form on file.

Child's Full Name _____

Address/City/Zip _____

Birthdate ____/____/____ Sex M ____ F ____

Mother's Name _____

Home Phone _____ Cell _____ Work _____

Father's Name _____

Home Phone _____ Cell _____ Work _____

Preferred Email Address _____

Preferred Phone Contact Number _____

Nanny/Sitter's Name/Number (if applicable) _____

Emergency Contact - other than parent 1. _____
Name/Relationship/Phone Number 2. _____

Does your child have any FOOD allergies, other allergies or medical conditions?

YES _____ **NO** _____

If YES, please provide specific details:

Pediatrician _____ Phone _____

Pediatric Dentist _____ Phone _____

In case of emergency, the AJN staff is hereby authorized to deliver first aid and/or to call for emergency medical assistance for my child.

Parent Signature: _____ **Date:** _____