



Summer Program 2013

Emergency Release Form

Required by State of Delaware
Health & Social Services / Division of Public Health

IMPORTANT: By signing this form, you have given the staff of the ACRA Summer Program permission, in the event of an accident or medical emergency during camp hours, to contact you and/or your emergency contact person and proceed with urgent medical attention for your child.

Name of child: _____

Emergency contact: (other than parent)_____

Relationship to child: _____

Daytime phone: _____

Cell phone: _____

Home phone: _____

Secondary emergency contact: _____

Relationship to the child: _____

Work phone: _____

Cell phone: _____

Home phone: _____

Parent/Guardian Signature: _____

Date: _____

In the event of a medical emergency, we will only contact one parent. Our motive is to respond as quickly as possible to getting medical attention for the child.