Emergency Contact Form	Emerg	gency	Contact	Form
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Camper name	
Camper address	
Emergency contact #1 (Name, relationship, phone)	
Emergency contact #2 (Name, relationship, phone)	
Medical insurance information: (company, policy, doctor)	
I am a legal guardian of said camper above. I authorize an adult representative emergency medical decisions on my behalf if I can not be contacted in a timel	