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Camp Gan Israel of Waukesha Wisconsin

A Jewish Child's Dream Come True!

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CAMP GAN ISRAEL EMERGENCY FORM

For office use only

CAMPERS NAME: First: _____ Last: _____ AGE: _____

Bunk: _____

CAMPERS NAME: First: _____ Last: _____ AGE: _____

Bunk: _____

CAMPERS NAME: First: _____ Last: _____ AGE: _____

Bunk: _____

HOME ADDRESS: _____

HOME PHONE: _____ FAX NUMBER: _____

MOTHER'S NAME: _____ MOTHER'S WORK NUMBER: _____

MOTHER'S CELL PHONE NUMBER: _____ MOTHERS'S E-MAIL: _____

FATHER'S NAME: _____ FATHER'S WORK NUMBER _____

FATHER'S CELL PHONE NUMBER: _____ FATHERS'S E-MAIL: _____

EMERGENCY CONTACT 1: _____ PHONE #: _____

ADDRESS: _____

EMERGENCY CONTACT 2: _____ PHONE #: _____

ADDRESS: _____

PHYSICIAN NAME: _____ PHONE #: _____

ADDRESS: _____

DENTIST NAME: _____ PHONE #: _____

ADDRESS: _____

PREFERRED HOSPITAL: _____

Allergies or other medical conditions: _____

SHOULD AN EMERGENCY ARISE AND I CAN NOT BE REACHED I GIVE PERMISSION FOR CAMP GAN ISRAEL TO CALL THE CONTACTS LISTED ABOVE.

X _____