Emergency Information & Contacts for Minor

DEPARTMENT & ACTIVITY

UC Davis Department of Plant Sciences _____ EnvironMentors _____

Department Class/Activity

NAME OF MINOR

Name of Minor: _____

EMERGENCY CONTACT

IN CASE OF EMERGENCY NOTIFY: _____

RELATIONSHIP: _____

Address: _____

City: _____ State, Zip Code: _____

Home Phone: _____ Work Phone: _____

NAME OF PARENTS

Father's Name or Guardian (if different than above): _____

Address: _____

City: _____ State, Zip Code: _____

Home Phone: _____ Work Phone: _____

Mother's Name or Guardian (if different than above): _____

Address: _____

City: _____ State, Zip Code: _____

Home Phone: _____ Work Phone: _____

List name of individuals authorized to pick-up minor after camp:

Authorized individual: _____ Phone: _____

Relationship: _____

Authorized Individual: _____ Phone: _____

Relationship: _____

Authorized Individual _____ Phone: _____

Relationship: _____

SPECIAL CONDITIONS

If your child has health information that would be important for us to be aware of, please check here for additional follow-up. Do not send health information on this form. ☐

SIGNATURE OF PARENT/GUARDIAN

Signature of Parent/Guardian: _____ Date: _____