

**Emergency Contact Information  
for Vacation Bible Camp  
at St. Jane de Chantal**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
FIRST LAST

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Insurance \_\_\_\_\_  
Company Name Policy Number

I, \_\_\_\_\_ give permission to St. Jane de Chantal Summer Bible Camp staff to make emergency medical decisions for my child until I am able to arrive.

Signed \_\_\_\_\_ Date \_\_\_\_\_