

# CAMP PUTNAM, INC.

141 Rutherford Road  
New Braintree, MA 01531  
(508) 867-6895

## EMERGENCY INFORMATION

Please fill out completely and return to camp  
by mail or the first day your child attends camp.

### Emergency Information...

|                      |  |
|----------------------|--|
| Child's Name:        |  |
| Parent's Name:       |  |
| Home Address:        |  |
| Home Phone:          |  |
| Parent's Work Phone: |  |
| Parent's Cell Phone: |  |

### Emergency Contact Person...

|                        |  |
|------------------------|--|
| Name:                  |  |
| Relationship to Child: |  |
| Phone:                 |  |

### Other specific instructions to follow in the event of an emergency...

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### Emergency Authorization

*In the event of a medical emergency concerning my child, if I can not be reached,  
the Camp Director, Camp Nurse, or Designee has authority to act in my behalf.  
I understand that all medical costs will be my responsibility.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Insurance/Medical Information...

|                             |  |
|-----------------------------|--|
| Insurance Carrier:          |  |
| Policy Number:              |  |
| Child's Doctor and Address: |  |

### Publicity Consent

*We routinely have the news media visiting Camp Putnam, as well as routinely taking pictures for use  
in Camp Putnam publicity. If you do NOT want your child's name/picture published you must inform  
us, IN WRITING, before your child's attendance at Camp.*