



EXodus Ranch: Joe Wrangler Cowboy Bible Camp

Emergency Contact and Treatment Form

Should we need to contact you for information or for an emergency:

Name of Parent or Guardian _____

Cell Number _____

Home Phone _____

Work Number _____

If parent of guardian can't be reached, name of another person acting on behalf of parent or guardian:

Name _____

Cell Number _____

Home Phone _____

Work Number _____

Preferred Doctor _____

Phone _____

Preferred Hospital _____

Phone _____

Does your child have any special needs we need to be made aware of? _____

Allergies _____

Any Medication _____

(if medication needs to be administered a parent, legal guardian or doctor must do so)

Do we have permission to have your child treated if we are unable to contact you? Please **initial** Yes or No. Yes _____ No _____