

HAM Camp Volunteer CONTACT INFORMATION

Please Print Legibly

Name _____ Date _____

Phone # _____ Email Address _____

Age (must be 16 or older) _____ Grade Entering _____

Address _____

City, State Zip _____

Guardian Name(s) For Emergency Contacts _____

Phone # for Parent/Guardian: _____

Phone # for another Parent/Guardian: _____

Please provide the name and number of at least one alternative contact: person(s) who will assume care of HAM Camp Volunteer if a Parent/Guardian is unreachable.

Name _____ Phone # _____

Name _____ Phone # _____

List any known allergies/other conditions needing special consideration:

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

In case of an accident or serious illness, I request that I/we be contacted. I hereby give permission for emergency medical treatment, which will include, but not be limited to, initial diagnostic x-rays and other such procedures as the physician may deem necessary for the preservation of health.

As part of a camp activity, Camp Volunteers may leave the Hunterdon Art Museum building for short walking trips. Destinations will include locations such as the museum terrace, Red Mill property, local Clinton parks, etc. I hereby give my child permission to leave the Museum for the purpose stated above.

_ Date Signature of Parent/Guardian if HAM Camp Volunteer is under age of 18.