



***Please return this form by May 1st to Camp Kippewa at:***

*15 Myrtle Avenue, Westford, MA 01886 • (800) 547-7392 tel • (207) 933-2996 fax*

# Emergency Contact Form

To be completed by parents for all campers. One per camper.  
Please fill out both sides of this form and return by **May 1st**.

**Camper's Name** \_\_\_\_\_  Session I  Session II

Address \_\_\_\_\_ Phone (        ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Bus. Phone (        ) \_\_\_\_\_ Cell (        ) \_\_\_\_\_ Beeper/Pager (        ) \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Bus. Phone (        ) \_\_\_\_\_ Cell (        ) \_\_\_\_\_ Beeper/Pager (        ) \_\_\_\_\_

**Fax Number** (        ) \_\_\_\_\_ Location \_\_\_\_\_

**Summer Home Phone** (        ) \_\_\_\_\_  Weekend  Weekday  Both

**Emergency Contact #1:**

Name \_\_\_\_\_ Phone (        ) \_\_\_\_\_

Relationship \_\_\_\_\_

**Emergency Contact #2:**

Name \_\_\_\_\_ Phone (        ) \_\_\_\_\_

Relationship \_\_\_\_\_

**(OVER)**

