



2010 Urgent Care Form

ONE FORM PER CHILD, PER DAY - PLEASE PRINT CLEARLY

Camper Name: _____ Today's Date: _____

Camper ID #: _____

You must provide emergency contact information for yourself and one other authorized adult.

Contact 1: _____

Contact 2: _____

Phone 1: _____

Phone 1: _____

Phone 2: _____

Phone 2: _____

I want my child to attend (check one or both boxes) for the date of _____:
(MM/DD/YY)

AM Urgent Care (7AM-9AM) \$15

PM Urgent Care (3:30-6:00PM) \$20

*PM Urgent Care must be requested in writing no later than 5PM the day prior to the day care is needed.
Otherwise, you will be subject to late pick up fees.*

Medication: If your camper requires medication to be administered during extended care, a Medication Order Form must accompany the medication. Medication may not be administered without a Medication Order Form that has been completed by a physician. There are no exceptions.

Payment: Do not submit payment to the extended care staff. You will be billed for the urgent care and you will have 10 business days from the date of this request to submit payment to the Camp Office. Urgent care fees are not subject to reduced rate.

Your signature below indicates that you agree to submit payment to the Camp Office within 10 business days of today.

Print Name

Signature

For Office Use Only:

Rec'd From: _____ Contacted By: _____