



Camper's last name: \_\_\_\_\_

first name: \_\_\_\_\_

(circle one) Newfound or Owatonna Session: 1 2wk 2 full CIT

# Emergency contact form

Please fill out a separate form for each child

## EMERGENCY CONTACT INFORMATION

Parents' names: (mom) \_\_\_\_\_  
(dad) \_\_\_\_\_

Contact #'s for: (mom) \_\_\_\_\_ (c)  
\_\_\_\_\_ (h)  
(dad) \_\_\_\_\_ (c)  
\_\_\_\_\_ (h)

**PRACTITIONER:** Please provide the name of a Journal-listed practitioner to contact in case your child has need of metaphysical help. Discuss this with the practitioner, so that he/she is prepared to be on-call during the child's session at camp.

Practitioner name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ State: \_\_\_\_\_

## PARENTS' SIGNATURES:

(This form must be signed by all legal guardians of your camper.)

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

## PLEASE RETURN BY MAY 15 TO:

Jamie Bollinger, Executive Director • 4 Camp Newfound Road, Harrison, ME 04040