If parent or guardian is a	not available, please	call relative lis	ted below:
Name of relative (please	print) Re	elationship	Phone contact
YOUR INSURANCE CARE	RIER:		
Policy number:	Grou	p number:	ctivity 2.615  280 Camp 26445  are: Felday Jan 29 - Songy 1973 1 1002
Additional comments re drug reactions, etc., which	garding medical hist ch may be needed in	ory, allergies, l any treatment	bee sting, food, penicillin or t:
List medication being ta	ken		
List any allergies and re-	action	a si galbubat Tachudlag its s	ner ere grant permission on my control pa ed held harmless New Hope Central Gahu.
List any dietary needs _	78	sivien nistent	iat may result from cavel and involvemen
Please indicate if your chi will be provided by NHC		during their sta	ay at Camp Mokuleia. Certified lifeguards
No, my child		mission to swin	el Tagrig, Activity Lorder  n.  (RIJICAL/EMERCENCY CONTACT INFO hijs release gives us permission to take you we necessary troubness administered. This
Print Parent Name			gnature
			case of an emergency, I understand that cannot be reached, I hereby give Staven Ho, eaup) permission to act on my bahalrin salvent that such treatment is deemed necessiventy arregency treatment (physician, surgeon, deemed to practice medicine by the appropressures deemed necessary. I further agreement contract. I understand this authorization is restraent.