

# YOUNG PEOPLE'S DAY CAMP

32 Sherwood Dr.  
Shoreham, NY 11786

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## EMERGENCY TRANSPORTATION FORM ( WHEN NO ONE IS HOME AT THE USUAL ADDRESS )

\_\_\_\_\_  
CAMPER'S NAME

\_\_\_\_\_  
CAMPER NUMBER

\_\_\_\_\_  
PARENTS'S NAME

\_\_\_\_\_  
EMERGENCY PM ADDRESS

\_\_\_\_\_  
WORK PHONE #

\_\_\_\_\_  
GUARDIAN OR RELATIVE

\_\_\_\_\_  
CELL PHONE #

\_\_\_\_\_  
THEIR PHONE #

\_\_\_\_\_ MY CHILD MAY BE DROPPED OFF WITHOUT AN  
ADULT PRESENT.

OTHER INSTRUCTIONS:

\_\_\_\_\_  
PARENT'S SIGNATURE