

**Ocean City Recreation
Emergency Contact Information**

CHILD'S NAME:

BIRTHDATE:

ADDRESS:

PHONE(S):

E-MAIL:

PARENT NAME(S):

EMERGENCY CONTACT:

NAME #1:

PHONE:

NAME #2:

PHONE:

MEDICAL CONCERNS:

ALLERGIES:

LIST OF OTHERS THAT MAY PICK UP YOUR CHILD:

- 1.
- 2.
- 3.

Other Comments: