

## **MSA EMERGENCY CONTACT FORM**

Location: \_\_\_\_\_

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

NAME	
ADDRESS	
HOME PHONE NO.	
MOTHER'S WORK PHONE NO.	
FATHER'S WORK PHONE NO.	
MOTHER'S CELL PHONE NO.	
FATHER'S CELL PHONE NO.	
PHYSICIAN'S NAME AND PHONE NO.	
ALLERGIES TO FOOD OR OTHER	
HOSPITAL PREFERENCE IN CASE OF EMERGENCY	We will take the child to the nearest hospital – unless the parent is taking the child to his/her hospital of choice
ANY MEDICATION OR SPECIAL NEEDS WE SHOULD KNOW OF	
BABY SITTER'S/ HOUSEKEEPER'S NAME	
PERSON(S) RESPONSIBLE FOR DELIVERY AND PICKUP OF CHILD(REN)	
ANY OTHER INFORMATION WE SHOULD KNOW	

Please mail or email back this form to us:

Montgomery Sports Association  
9334 Sprinklewood Lane, Potomac MD 20854

Email: [msa\\_sports@comcast.net](mailto:msa_sports@comcast.net)

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