Ebner Camps, Inc.
P.O. Box 355
Bantam, CT 06750
Tel (860) 567-9678
Fax (860) 626-8301

The following form & information is required by Charlotte Hungerford Hospital in case there is an emergency while your children are at camp. This form will be kept with your children's medical records at camp and will only be provided to the hospital in the event of an injury/illness that requires medical clinic or hospital care.

Camper Information:	Camper One	Camper Two
Name		
Address		
City, State, Zip		
Phone #		
Date of Birth		
Social Security #		

Insurance Holder Information:

Name	
Address	
City, State, Zip	
Home/Cell Phone #	
Work Phone #	
Date of Birth	
Social Security #	
Relation to Camper	
Employer: Name	
Address	
City, State, Zip	

Insurance Information:

Insurance Company	
Address	
City, State, Zip	
Phone #	
ID #	
Group #	

Emergency Contact Information:

Name	
Address	
City, State, Zip	
Home/Cell Phone #	
Work Phone #	
Relation to Camper	

The Charlotte Hungerford Hospital has my permission to use my credit card for co-payments and/or medical treatment as deemed necessary.

Credit Card ____ MC ____ Visa ____ Amex ____ Discover

Card # _____ Exp. Date _____

Cardholder's Signature: _____