



**Person to Contact in Case of Emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Alternate Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Pick-Up Authorization**

I hereby authorize the following individuals to pick up my child in my absence.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

By registering for Camp GBBG, I consent that my child may be photographed, and to the use of such photographs in future Green Bay Botanical Garden publications and promotional materials.

*I attest that my child is in good physical and mental health. Any special considerations are indicated above. In case of accident or illness, I hereby give permission that my child may be given emergency treatment and, further, I authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia, and/or blood transfusions to the above named child that may be ordered by the medical care provider in attendance at the facility deemed necessary for medical treatment. I hereby consent to the release of medical report(s) to any medical care provider and consent to the admission of the above-named child to a hospital. I agree to be responsible for any medical expenses incurred on behalf of my child.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date