



NORTH SALEM OPEN LAND FOUNDATION

2024 Summer Youth Corps Emergency Contact Form

North Salem Open Land Foundation

PO Box 176 North Salem, NY 10560

Participant Name:

Last

First

Middle

Date of birth

Sex

Emergency Contact Information:

Primary Contact Name

Relationship

Address

City

State

Zip Code

(____) _____

(____) _____

Telephone #

Alternate Telephone #

Email

Secondary Contact Name

Relationship

Address

City

State

Zip Code

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Telephone #

Alternate Telephone #

Email

Pick up/Drop off Information: Please check the box that applies below.

☐

I will be picking up and dropping of my child/children each day.

☐

I hereby allow _____ to pick up my child and drive them home if I am not able to do so.

☐

My child is of legal driving age and will provide their own transportation.

Medical Information:

Please list ALL known medical conditions including allergies, chronic illness or any other condition that may apply.

Additional information:

Please provide any additional information that may be beneficial for NSOLF staff to be made aware of.

Parent/guardian signature

Printed name

Date