

Camp Onas Staff Emergency Contact Information

Staff Member Name:

Date of Birth:

Emergency Contact 1 (Primary Contact) – Required.

For staff under 18, Primary Emergency Contact must be a parent/guardian

Name:

Relationship to Staff Member:

Cell Phone:

Other Phone:

Circle Phone Type: Home Cell Work Other

Email Address:

Mailing Address:

Emergency Contact 2 - Required

Name:

Relationship to Staff Member:

Cell Phone:

Other Phone:

Circle Phone Type: Home Cell Work Other

Email Address:

Optional Emergency Contact 3

Name:

Relationship to Staff Member:

Cell Phone:

Other Phone:

Circle Phone Type: Home Cell Work Other

Email Address: