

Summer Camp Emergency Contact Information

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Camp Name: St. Mary Academy Knights Summer Camp Date: \_\_\_\_\_

Below please list the names of parent/legal guardian and/or persons to be contacted in the event of an emergency and the telephone or cell numbers where they can be reached on the above date.

First Contact: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Second Contact: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Third Contact: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

- Does your child have any allergies? (e.g. foods, medications, insect sting) Yes \_\_\_\_\_ No \_\_\_\_\_

List Allergies: \_\_\_\_\_

- Is your child currently on any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the medications including dosage and specific instructions:

\_\_\_\_\_

- Is it necessary for your child to bring medication to camp? Yes \_\_\_\_\_ No \_\_\_\_\_

List: \_\_\_\_\_

- Does your child have a serious health concern? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

- Your child has the medication \_\_\_\_\_ available for his/her use as needed at camp. This medication and the instructions for its use will be carried and administered at camp if it is needed by \_\_\_\_\_

I have read the information and give my child permission to attend Knights Summer Camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_