

Mater Gardens Academy Stingrays Summer Camp Emergency contact form

Child's Name: _____
(Last) (First) (M.I.)

Date of Birth: ____/____/____
(mo.) (day) (yr.)

Homeroom teacher: _____

Grade: _____ Sex: M F

Child's Street Address: _____
(City) (State) (Zip)

Mother/Guardian: _____

Father/Guardian: _____

Mailing Address: _____

Mailing Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone(s): _____ (h)
_____ (w) _____ (c)

Phone(s): _____ (h)
_____ (w) _____ (c)

Place of Work: _____

Place of Work: _____

email address: _____

email address: _____

Medical/Developmental History

Allergies? (list & describe treatment below) **YES** **NO**

Does the child have any other special needs? **YES** **NO**

Please explain YES answers here:

Emergency Information *(Please print legibly!)*

➡ **Hospital preference in the event of emergency:** _____

Child's Doctor: _____

Phone: _____

In the event of an emergency, if parents/guardians cannot be reached, the people listed below may be contacted.

➡ **At least two people must be listed here:**

Name/Relationship: _____ / _____ Phone: _____ (h) _____ (w/c)

Name/Relationship: _____ / _____ Phone: _____ (h) _____ (w/c)

Release Information

In addition to the parents/guardians listed above, the following people are authorized to pick up the child from After-School:

Name/Relationship: _____ / _____ Phone: _____ (h) _____ (w/c)

Name/Relationship: _____ / _____ Phone: _____ (h) _____ (w/c)

Parent/Guardian Signature: _____

Date: _____