

EMERGENCY



INFORMATION

(Required for each child enrolled)

Child's Name _____

Birthdate ____/____/____ Grade 2024/2025_____

Parent's Name _____

Address: _____

Phone Number: Home _____

Cell _____

Emergency Contacts:

Name_____relationship to child_____

Phone number: _____

Name_____relationship to child_____

Phone number: _____

Name_____relationship to child_____

Phone number: _____

Medical Information: Please list any medications your child is taking and any allergies we need to be aware of for summer camp.
