

Summer Camp Emergency Card 2010



Please Print

Date of Birth _____

Age _____

Grade _____

Male Female

Student Name _____

Address _____

Home phone (_____) _____

Number/Street _____

Name (Father/Step) _____

City _____ Zip _____

Home Address _____

Home Address _____

City/State/Zip _____

City/State/Zip _____

Employer _____

Employer _____

Work phone (_____) _____

Work phone (_____) _____

Cell phone (_____) _____

Cell phone (_____) _____

Pager (_____) _____

Pager (_____) _____

Email address _____

Email address _____

Names and birthdates of brothers and sisters _____

Is a language other than English spoken in the home? Yes No If yes, what language? _____

Child resides with: Both parents Mother Father Stepmother Stepfather Legal Guardian

In Case of Emergency

If no one can be reached at home / work, I authorize the release of my child to any of the following:

Local Contact _____	Phone (_____) _____
Local Contact _____	Phone (_____) _____
Local Contact _____	Phone (_____) _____
Local Contact _____	Phone (_____) _____

(Release restricted by Court Order): _____ is not permitted to pick up my child.
Court order must be on file in the office. Name _____

Does your child have any health problems, including allergies to food, medication, etc., of which the school needs to be aware? Yes No If yes, please explain _____

Is your child currently taking any medications? Yes No Have Epi-pen? Yes No

Please explain: _____

Date of last Tetanus Booster _____

Name of local Doctor _____ Phone (_____) _____

Health Insurance? Yes No Company _____ Policy Number _____

Hospital Preferred for Emergency Treatment _____

I, the parent of the above child, acknowledge and give permission for the following: 1) All field trips as scheduled. I am aware that Go Like the Wind School makes every effort to have all field trips organized and safe events. Children are seat belted in cars in manufacturer-designed seating positions. It is my option for my child not to attend field trips. 2) Photographs taken of my child 3) My child having a nutritious lunch provided by me 4) I give permission for staff to apply sunscreen on my child

In case the above named minor child becomes seriously ill or injured at school and I cannot be reached, I grant permission for my child to be transported by GLTW, licensed by the Family Independence Agency, to an emergency facility to secure medical and/or surgical treatment. I hereby authorize medical care and agree to pay all expenses incurred by the handling of this emergency care. I further acknowledge by signature that the information provided on this card may be shared with those persons identified by the school who require this information to care for the health, safety and/or education of my child.

Parent/Legal Guardian's Signature _____

Date _____