

TRINITY PRESCHOOL

SUMMER CAMP '18

Emergency Contact/Medical Form

Student's Name: _____ Birth Date: _____

Parent(s)/Guardian Names: _____

Street Address: _____ Email: _____

City/State/Zip: _____ Home Phone: _____

Daytime phone (Mother): _____ Daytime phone (Father): _____

Cell Number (Mother): _____ Cell Number (Father): _____

Emergency Contact/Pick-up Information other than parent/guardian (*must provide at least two additional contacts*):

Name/Relationship to child: _____ Phone: _____

Name/Relationship to child: _____ Phone: _____

Name/Relationship to child: _____ Phone: _____

MEDICAL INFORMATION

Is your child currently taking medications on a regular basis? _____ If so, please list medications, state why taking and possible side effects: _____

Does this child have any allergies? _____ If so, please list: _____

Is this child currently under the care of a physician? _____ If so, please explain: _____

Does this child have any other on-going health considerations? _____

Physician's name: _____ Phone: _____

Dentist's name: _____ Phone: _____

Preferred Hospital: _____

Health Insurance Carrier: _____ Policy number: _____

In the event that I cannot be contacted, I hereby authorize Trinity Preschool to provide and/or seek emergency medical treatment for my child named above (including transportation to a medical facility if needed). As a Parent or Legal Guardian, I understand that Trinity Preschool is not responsible for any expenses incurred because of an injury to my child or my child's illness. I give them permission to administer ice, band-aids, sunscreen and an antiseptic cleanser, if needed. Trinity Preschool does not administer prescriptions or over the counter medications without parental consent. This statement is valid for the duration of summer camp or until withdrawn by the parent in writing.

Signed: _____ Date: _____