



**SUMMER SCHOOL STUDENT EMERGENCY INFORMATION**

**Please print**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any legal considerations that teachers need to be aware of (restraining orders, custody orders, etc.):**

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**MEDICAL INFORMATION**

**Child’s doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list all your child’s allergies (food, insect bites, skin contact, etc.):**

**Other medical issues that teachers need to be aware of:**

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me or one of my designees, I hereby authorize the school to call my family doctor. If it is impossible to contact my doctor, the school may take whatever arrangements seem necessary. If indicated, the school will call 911 and send my child to the hospital for emergency treatment. The school has no liability for medical costs.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**