



**Children's Day School
Summer Camp 2010 Emergency Information Form**

Child Information					
Child's name				Preferred name	
Grade in Fall 2010	Child's age (as of 06/2010)	Date of birth (mm/dd/yy)		Sex	
Child's home address		City	State	Zip	Home phone
Family Information					
Parent/Guardian name			Parent/Guardian name		
Home address (if different from child's)			Home address (if different from child's)		
Home phone	Work phone	Cell/Pager	Home phone	Work phone	Cell/Pager
Email			Email		
Relationship to child <input type="radio"/> birth parent <input type="radio"/> guardian <input type="radio"/> adoptive parent <input type="radio"/> other (please describe)			Relationship to child <input type="radio"/> birth parent <input type="radio"/> guardian <input type="radio"/> adoptive parent <input type="radio"/> other (please describe)		
Child lives with <input type="radio"/> both parents <input type="radio"/> mother <input type="radio"/> father <input type="radio"/> other (please describe)					
Authorized Pick-Up Information					
Name of persons authorized to pick child up from CDS					
Name		Phone		Relationship	
Name		Phone		Relationship	

Emergency Information

If your child does not already attend school at CDS, we must have a current physician's report on file. Please use the attached form or include a signed copy from your child's doctor.

Person(s) who will be contacted in case of an emergency if you cannot be reached. Please make sure these people are aware they are listed as emergency contacts

Name	Phone	Relationship
Name	Phone	Relationship
Child's Physician	Phone	Medical Insurance Carrier <u>and</u> Policy Number

If personal doctor cannot be reached, what action should be taken? (please check)

_____ Transport to nearest emergency facility: _____
_____ Other: _____

Allergies

Medication to be taken at camp and state the reason for medication (please note: all medication must be in its original container with a doctor's prescription and written permission to administer must be on file with the Director)

Special information or circumstances regarding your child (to help us better care for your child)

I hereby consent to the provision of all emergency dental or medical care prescribed by a duly licensed physician or dentist. This care may be given under whatever conditions are necessary to preserve the life, limb, and well being of my dependent:

Signed	Date
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