

# First Presbyterian Preschool Summer Camp Contact Form

Child's full name: \_\_\_\_\_  
Child's preferred name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

**EMERGENCY CONTACT:** In the event of an emergency, please indicate your name and phone number where YOU *and* another authorized person can be reached:

Mother's name: \_\_\_\_\_  
Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email address: \_\_\_\_\_

Father's name: \_\_\_\_\_  
Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email address: \_\_\_\_\_

Another authorized person's name:

\_\_\_\_\_  
Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email address: \_\_\_\_\_  
Address: \_\_\_\_\_

## FIRST AID:

In the event of an emergency, I authorize staff to provide any first aid care deemed necessary for my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Child's Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## EMERGENCY CARE

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## STUDENT INFORMATION

### HEALTH

Does your child have any allergies?  Yes  No

If yes, list allergies, and special precautions and treatment indicated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications that the child takes on a regular basis, including vitamins and over-the-counter medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any chronic physical problems and any history of hospitalization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_