

Medical Information - Summer Adventures 2021

*Name of Child: _____

*Parent/Guardian Name: _____

*Address: _____

*Primary Phone: () _____ Alternate Phone: () _____

In case parent/guardian cannot be reached, please include an alternate emergency contact.

Alternate Contact: _____ Relationship to child: _____

Primary Phone: () _____ Alternate Phone: () _____

MEDICAL CONDITION(S)

If your child has any medical condition that the teacher needs to be aware of, please provide a brief description below. Please also include if child will carry any medication or accessories with them.

ALLERGIES

Please include the allergen and severity of reaction, as well as the management/treatment needed.

Food: _____

Insect Sting/Bite: _____

Seasonal Allergies: _____

Drug: _____

Other: _____

I understand this form is for informational purposes only and will be destroyed after my child's participation in Summer Adventures has concluded. I also understand that myself or the alternate contact listed should be available by phone during my child's class in case one of us needs to be reached.

Parent/Guardian Signature: _____ Date: _____