



# St. Gregory the Great Academy

A Ministry of the Church of St. Gregory the Great

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## SUMMER CAMP 2017

### EMERGENCY INFORMATION FORM

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

(Must complete a separate form for each child in the program)

Full Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone # \_\_\_\_\_

(Month, Day, Year)

Parent Email Address: \_\_\_\_\_ Alternate: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Check Parents' Marital Status:  Married  Separated  Divorced

If separated or divorced, who does the child primarily reside with?  Mother  Father

If there are any custody restrictions, check here  and explain below; attach more paper if necessary. Please also attach a copy of any existing restraining orders.

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**Additional Pick-up Authorization:** Provide the names of two reliable adults who you give permission to pick up your child from CAMP:

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_ Relationship \_\_\_\_\_



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# CAMP HEALTH HISTORY INFORMATION

\*\*\*Must be fully completed or registration will be returned to you\*\*\*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies (Check all that apply):

\_\_\_\_ Peanuts      \_\_\_\_ Tree Nuts      \_\_\_\_ Hay Fever      \_\_\_\_ Wheat/Grain  
\_\_\_\_ Penicillin      \_\_\_\_ Play Dough      \_\_\_\_ Insect Sting      \_\_\_\_ Dairy  
\_\_\_\_ Other (specify) \_\_\_\_\_      \_\_\_\_ No known allergies

Please explain any special instructions for your child's allergies: \_\_\_\_\_

An epi-pen is prescribed for my child:    \_\_\_\_ No    \_\_\_\_ Yes (must send one in for use at camp)

Medical History (Complete any applicable sections):

Surgery/Serious Injury: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_

Surgery/Serious Injury: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_

Disability or Chronic/Recurring Illness: \_\_\_\_\_

Specific Restrictions: \_\_\_\_\_

## Emergency Permission Release

There is always a possibility that a child may be injured or become seriously ill during the SUMMER CAMP PROGRAM and that we may not be able to contact the parents. **Medical aid cannot be given to a child without his/her parent's consent.** In an emergency, time can be vital. Your signature on this permission release, which is kept on file at CAMP, will allow for medical aid in case such an emergency occurs and we are unable to reach you immediately. We pray it will never be necessary to use this permission.

**I give permission for my child \_\_\_\_\_, grade \_\_\_\_\_, to be transported to a Hospital Emergency Room for medical aid in the case of extreme emergency, provided I cannot be contacted when the emergency occurs.**

I prefer my child be taken to:    \_\_\_\_ RWJ/Hamilton Hospital    \_\_\_\_ Other \_\_\_\_\_

Please indicate which parent should be called first in an emergency:    Mother \_\_\_\_\_ Father \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_