

Saint Olaf Summer Camp Emergency Form

Child's full name: _____ Birthday: _____ Age: _____

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Home Address: _____

City: _____, Utah Zip: _____ Phone: _____

Father/Guardian Name: _____ Cell Phone: _____

Email: _____

Employer: _____ Business Phone: _____

Mother/Guardian Name: _____ Cell Phone: _____

Email: _____

Employer: _____ Business Phone: _____

Child(ren)'s Physician: _____ Phone Number: _____

Family Insurance: _____ Policy Number: _____

Describe any medical or dietary concerns: Asthma, Allergies, Diabetes, etc.

Give instruction for the care of the above mentioned concerns:

Persons who may be called in the event of illness/emergency if parent cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In case of emergency or serious illness, when the parents cannot be reached immediately, I hereby authorize the Summer Camp personnel to obtain emergency medical care, i.e. physician, dentist, paramedics, or other authorized emergency agents and to procure emergency medical transportation.

X

Signature of Parent/Guardian

Persons designated to pick up child(ren):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____