



SUMMER CAMP STUDENT DATA/EMERGENCY SHEET

Name _____
Last First Middle Initial

Prefers to be called _____ Date of Birth _____ Male () Female ()

Present Address _____
Street City/State Zip Code

Home Phone # _____ Email _____

If Parents are divorced, who has custody? Father () Mother () Joint () Guardian ()

Parent/ Guardian	Full Name	Place of Employment	Work Phone	Cell Phone
Father				
Mother				
Stepfather				
Stepmother				

In unable to contact the parents, please list other emergency contacts::

(1) _____ Relationship _____ Phone# _____

(2) _____ Relationship _____ Phone# _____

Emergency Medical Information: *(Note Physical Disabilities, Convulsive Disorders, Allergies, Diabetes, Medications, Etc.)*

Medical History: *(Note Broken Bones, Fractures, Surgeries, Etc.)*

Dentist _____ Phone# _____

Doctor _____ Phone# _____

If the above mentioned emergency contacts cannot be reached, I give my permission to the staff of High Point Friends School to take whatever steps necessary to obtain medical care for my child. These steps may include, but are not limited to: calling another physician if my child's physician is not available, calling an ambulance, or taking my child to High Point Regional Hospital for emergency care.

Parent Signature _____

Date _____