



Summer Camp Emergency Contact Information

Please submit prior to end of school year

Child's Name: _____ Address: _____ City, State, Zip: _____	Grade in the Fall of 21': _____ Birthday: _____ Age: _____ Home Phone: _____
Mother's Name: _____ Address: _____ City, State, Zip: _____ Email address: _____	Employer: _____ Business Phone: _____ Cell: _____ Home Phone: _____
Father's Name: _____ Address: _____ City, State, Zip: _____ Email address: _____	Employer: _____ Business Phone: _____ Cell: _____ Home Phone: _____
Please list below any other adult permitted to pick up your child besides a parent. Only those listed below will be permitted to pick up your child. Please print the names - for the safety of your child we will ask for identification.	
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____

Please comment on your child's general health or anything pertinent to the well-being of your child. Include allergies (food, hay fever, bee stings, asthma, etc.)

Child's Doctor: _____	Doctor's Phone: _____
Child's Dentist: _____	Dentist's Phone: _____
Your Insurance Company: _____	Policy Number: _____

In case of an emergency, sickness, or accident that needs more than basic first aid, **HFHN** School's Summer Program Staff has my authorization to obtain, at my expense, such medical attention as is deemed necessary for my child if unable to communicate with me, including the use of "911" facilities. My child has permission to leave the **HFHN** School with the staff to travel to local parks, museums, and other field trips. Transportation will be by bus or walking.

Signature of Parent

Date