

# Fuente Nueva Summer Camp Emergency Contact Form



<b>Student's Name</b>	_____	_____	_____	<b>Date of Birth</b>	_____	_____	_____
	First	Last	Middle		Month	Day	Year
Parent's Name	_____			Home Ph#	_____		
Email	_____			Cell Ph#	_____		
Address	_____			Work Ph#	_____		
	Street/P.O. Box	City	Zip Code				

Same as above

Parent's Name	_____			Home Ph#	_____		
Email	_____			Cell Ph#	_____		
Address	_____			Work Ph#	_____		
	Street/P.O. Box	City	Zip Code				

**The Following people are cleared to take the above listed child from the facility. In the event of an emergency, they will be contacted in the order listed if neither parent/guardian can be reached.**

Name	_____	Ph	_____	Relationship	_____
Name	_____	Ph	_____	Relationship	_____
Name	_____	Ph	_____	Relationship	_____
Name	_____	Ph	_____	Relationship	_____

Allergies or Medical Limitations: \_\_\_\_\_

None Known \_\_\_\_\_

Out-of-Area Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Group # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

In case of accident or emergency, I authorize Fuente Nueva to call the child's physician and follow his/her instructions. If unable to contact the physician, the school may take such emergency treatment and measures as are deemed necessary for the safety and the protection of my child, at my expense.

Signed: \_\_\_\_\_  
Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_