

Altoona Elementary Lakeshore CV Montessori Roosevelt Sherman

Camp Only

Emergency Card

Child's Name _____ Sex _____

Address _____ Birthdate _____

_____ Home Phone _____

Emergency Contact (Please include parent)

Name	Phone (Home/Work)	Relationship to Child
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_____	_____	Parent/Guardian
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_____	_____	Parent/Guardian
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(continue on back)

Doctor _____ Phone _____

Clinic _____ Hospital Choice _____

Allergies _____

Has your child ever been stung by a bee?

Yes

No

I hereby give my consent for emergency medical care treatment, to be used only if I cannot be reached immediately.

Parent Confirmation _____ Date _____

