



Summer Program Emergency Consent & Authorized Pick Up

(Return of completed form required for attendance.)

Student's Name _____ Gender _____ Date of Birth _____

Parent/Guardian Information (Primary Emergency Contact)

Parent/Guardian A		Parent/Guardian B	
Work Phone A	Cell Phone A	Work Phone B	Cell Phone B
E-mail A		E-mail B	
Home Address		City, State, Zip	

Alternate Emergency Contact: 1 (required)

Alternate Emergency Contact: 2 (required)

Name		Name	
Contact Phone	Relationship to Student	Contact Phone	Relationship to Student
Home Address		Home Address	
City, State, Zip		City, State, Zip	

Out-of-State Contact: This person may be contacted in the event of a local disaster.

Name: _____ Relationship: _____ Ph: _____

Medical Information (required)

Describe chronic and/or life-threatening health conditions None See Individual Health Plan

Allergies (List any with specific expected symptoms and method of treatment) None See Individual Health Plan

Student's ongoing medications None See Individual Health Plan

Medical Practitioner _____ Phone _____ Address _____

Date of Last Physical Exam _____ Preferred Hospital (if any) _____

Dentist _____ Phone _____ Address _____

Authorized Pick Up Permission

Name: _____ Ph: _____ Address _____

Name: _____ Ph: _____ Address _____

Consent for Campus Area Travel

I give permission for my child to walk between the facilities of Eton School and within a 1-mile radius of campus with adult supervision.

Consent for Emergency Treatment

I hereby give permission that my child (listed by name above) may be given emergency treatment by a qualified staff member at Eton School. I also give permission for my child to be transported by ambulance or aid unit to an emergency center for treatment. In the event that I cannot be contacted, I further consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health.

I agree to the above consents, and acknowledge and approve all given information.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date