Summer at the Center
Medical and Emergency Contact Form

Student Name: _____ Date: _____

Date of Birth: _____

Middle School Attending: _____

Parent / Guardian Name(s): _____

Home Phone: _____ Cell: _____ Work Phone: _____

Relationship to Student: _____

Emergency Contact (if difference than above): _____

Home Phone: _____ Cell: _____ Work Phone: _____

Relationship to Student: _____

Primary Physician / Pediatrician: _____

Phone Number: _____

Does the student have any **food** or **environmental** allergies (bee stings, cats etc.…)? YES NO

If YES, please list:

1. _____
2. _____
3. _____

Does the student have a prescription Epi Pen for his/her allergies? YES NO

If yes, please bring in medication along with a completed **Parent/Physician Medication Authorization Form (available on website)**

Does the student have any known medical conditions? YES NO

If YES, what are these medical conditions?

1. _____
2. _____
3. _____

Will the student need to take medication while attending Summer at the Center? YES NO

If yes, please provide medication along with the completed **Parent/Physician Medication Authorization Form** to the nurse on the first day of Summer at the Center.

Does the student have any special needs? If yes please explain:

_____

_____

_____

_____

_____