

**EMERGENCY INFORMATION AND HEALTH HISTORY FORM**

Please fill out and return to school to insure that all information on file is screen.

(Please print)

A. Name of child Last: \_\_\_\_\_ First: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Child's health care number: \_\_\_\_\_  
Full address: \_\_\_\_\_  
Home Tel: \_\_\_\_\_

B.

**Mother/Guardian**

**Father/Guardian**

Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Tel: \_\_\_\_\_  
Business Tel: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Tel: \_\_\_\_\_

Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Tel: \_\_\_\_\_  
Business Tel: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Tel: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Tel Number: \_\_\_\_\_  
Address: \_\_\_\_\_

C. Does your child have?

1. A condition or behaviour that would require special attention, medication or special diet?

\_\_\_\_\_

2. Allergies (food, medication, etc.)? \_\_\_\_\_

\_\_\_\_\_

3. Please specify symptoms of allergic reaction and any special care needed. \_\_\_\_\_

\_\_\_\_\_

D. Emergency contacts if parents cannot be reached:

1.  
Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
\_\_\_\_\_  
Tel no: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

2.  
Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
\_\_\_\_\_  
Tel no: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

E. Persons other than parents authorized to pick up child from camp:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_