

**ST. PETER'S SCHOOL
SUMMER SCHOOL/CAMP ACADEMY PROGRAM
HEALTH / EMERGENCY FORM - 2010**

Name: _____ **Grade:** _____ **Age:** _____

Name: _____ **Grade:** _____ **Age:** _____

Name: _____ **Grade:** _____ **Age:** _____

Medications (if any) _____

Allergies (if any) _____

Parent/Guardian's Name: _____

Address: _____ **Phone #:** _____

Parent/Guardian's Number 1.	_____	(Home #)
2.	_____	(Mother's Work #)
3.	_____	(Mother's Cell #/Beeper)
4.	_____	(Father's Work #)
5.	_____	(Father's Cell #/Beeper)

Person(s) other than parent/guardian authorized to pick up child(ren) in case of an emergency:

Name: _____ **Phone #:** _____ **Relationship:** _____

Name: _____ **Phone #:** _____ **Relationship:** _____

Name: _____ **Phone #:** _____ **Relationship:** _____

Parent/Guardian's Name: (Please Print) _____

Parent/Guardian's Signature: _____