

CAMDEN CATHOLIC HIGH SCHOOL
SUMMER PROGRAMS
EMERGENCY CONTACT INFORMATION

Student's Name Date of Birth

Address Phone

Emergency Contact Information:

Mother's Name Home Phone Work Phone Cell Phone

Father's Name Home Phone Work Phone Cell Phone

Emergency Contact (other than Parent) Home Phone Work Phone Cell Phone

Student lives with: _____

Medical Conditions: (i.e. diabetes, etc.)

Allergies: (Medication, Food or Other)

Medications your child currently takes:

In the event of an emergency, I give Camden Catholic High School permission to administer emergency medical treatment and/or transport my child to the closest hospital.

Signature of Parent/Guardian

Date