

# Our Lady of Peace Summer Program Emergency Data

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

In case of emergency and parents can't be reached, contact person(s)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Family physician \_\_\_\_\_

Family Health Insurance Company \_\_\_\_\_

Policy number (group) \_\_\_\_\_

Is your child currently under a physician's care? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Please list the health conditions information required by the Our Lady of Peace Summer Program Staff or Health Emergency Personnel:

1. Allergies \_\_\_\_\_

2. Chronic health conditions \_\_\_\_\_

3. Recent injury or illness \_\_\_\_\_

4. Medications being taken \_\_\_\_\_

If any information changes during the summer, please inform the Summer Program Staff.

Parent Signature \_\_\_\_\_