

# St. Martha Summer Care Emergency Information

## 20\_\_\_\_\_

### Child's Information

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_  
Grade Entering in fall \_\_\_\_\_  
Age as of first day of Summer Care \_\_\_\_\_

### Parent Information

Parent's Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Insurance and Policy # \_\_\_\_\_  
\*Doctor's Name \_\_\_\_\_ \*Phone \_\_\_\_\_  
\*Hospital Preference \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

### Persons Authorized to Pick Up Your Child (in addition to those listed above)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

### Allergies or Special Concerns: (mark N/A if none)

\_\_\_\_\_  
\_\_\_\_\_

The health history is correct so as I know, and the child herein described has my permission to engage in all activities and field trips except as noted by me. In the event I cannot be reached in an emergency, I hereby give St. Martha Childcare Staff my permission to attend to all emergency needs (transportation and physician). I also give my permission to attending physicians to order injection, anesthesia, or surgery for my child as named above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **My child will attend: (Please circle one)**

Full time  
(4-5 days)

Part Time  
(1-3 days)

Circle the days  
M T W T H F

Included in the registration fee is the price of a T shirt that **must** be worn to St. Martha Summer Care on field trip days.

Circle size for your child's T shirt: Youth: XS S M L XL Adult: S M LG

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Office use only: \_\_\_\_\_ Reg. Fee Paid \_\_\_\_\_ Immunization Certificate  
\_\_\_\_\_ Financial Form \_\_\_\_\_ Permission Forms \_\_\_\_\_ FACTS