

# SAINT DAVID'S DAY SCHOOL - CAMP CURIOSITY

360-298-4161 / 780 Park Street / PO Box 2714 / Friday Harbor / Washington / 98250

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## STUDENT INFORMATION / EMERGENCY INFORMATION FORM – 2016

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

### Parent/Legal Guardian Information:

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

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### Emergency Information:

Please list at least one responsible adult, other than parents, who can remove child from the program in an emergency.

Emergency Contact 1: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

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

Emergency Contact 2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

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

**Pick-up Authorization:**

The following adults, in addition to the Emergency Contacts, are authorized to pick up and transport my child from CAMP CURIOSITY.

|    | <u>Name</u> | <u>Relationship to Child</u> | <u>Phone Number(s)</u> |
|----|-------------|------------------------------|------------------------|
| 1. | _____       | _____                        | _____                  |
| 2. | _____       | _____                        | _____                  |
| 3. | _____       | _____                        | _____                  |
| 4. | _____       | _____                        | _____                  |
| 5. | _____       | _____                        | _____                  |

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**Allergies, Health Issues & Restrictions:** (i.e. asthma, food/pet allergies, etc...)

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

My child has the following known **medical** allergies:

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

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Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Release:**

**In the event of an emergency, I agree to permit Saint David's Day School to secure the attention of a physician for my child, or have my child transported to a local hospital for care. I will not hold Saint David's Day School or its employees liable. I understand that I am responsible for all of the expenses incurred.**

**I understand that I, or the Emergency Contact person(s), on this form will be notified immediately at the phone numbers that I have provided.**

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

