CAMBRIDGE SUMMER SCHOOL 2019 EMERGENCY FORM

NOTIFICATION FOR EMERGENCY OR ILLNESS:

Student Name_____Date of Birth_____

Address_____
(Street) (City) (State) (Zip Code)

Parent/Guardian Name(s):_____

Telephone Numbers:

Father's Home #:_____Work#_____Cell #_____

Mother's Home #:_____Work#_____Cell #_____

List names and grades of each brother and/or sister attending summer school:

(Name) (Grade)

_____ _____

_____ _____

_____ _____

SIGNATURE: _____ **DATE:** _____

A signature gives permission for all field trips during summer school sessions.

Please list neighbors or relatives who can be called in case your child is ill and you cannot be reached.

(Name) (Relationship) (Telephone #)

_____ _____ _____

Family Physician (Telephone #)

_____ _____

Allergies (Bee stings, Medications, Etc.)

_____

Other Important Health Information:

_____

Note: If emergency treatment is necessary and parents cannot be reached, school personnel will use their best judgment in calling emergency authorities.