



MEDICAL/EMERGENCY CONTACT FORM

CONFIDENTIAL

Child's full name: _____ Age: _____ Grade in Fall: _____

Does your child have any known medical conditions?

(If so, please explain on back any special care he/she requires. Please be aware that we do not have medical personnel on staff.)

Does your child take medication that needs to be administered during class?

Does your child have any food or environmental allergies?

Does your child have any learning disabilities, fears or other problems that we should be aware of? _____

Child's doctor and phone number: _____

Child's dentist and phone number: _____

Health Insurance carrier and policy number: _____

EMERGENCY CONTACT INFORMATION

Child's home address: _____

Home phone: _____ E-mail address: _____

Parent or Guardian Name: _____ Phone #: _____

Person to call in case of emergency other than parent and phone #: _____

Anyone else who has authority to pick up or drop off child: _____

Please mail form in before camp begins to:

PO Box 552, Ridgefield CT, 06877