

St. Bernard Academy Summer Day Camp 2011 Student Registration / Emergency Form

Child's Name _____ Fall 2011 Grade: _____
 Male Female

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 Male Female

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 Male Female

Please List Any Diagnosed Problems _____

Allergies _____ Other Conditions _____

Is Your Child on any Medication? Yes No If Yes, Please List: _____

Home Address _____ Home Phone _____

Father's Name _____ Place of Work _____

Cell phone _____ Work Phone _____ Email address _____

Mother's Name _____ Place of Work _____

Cell phone _____ Work Phone _____ Email address _____

Person to be called if parent can't be reached: Name _____ Phone: _____

Besides parent to whom may child be released? _____

Name of Child's Physician _____ Office Number _____

Office Address _____

Hospital of Choice (in case of emergency) _____

Health Insurance Number _____ Name of Company _____

The legal responsibilities for medical and transportation expenses incurred on behalf of your student is a parental one.

In case of an accident or serious illness, I request the staff contact me. If the staff is unable to reach me, I hereby authorize the staff to call the physician indicated above and to follow his instructions. If it is impossible to contact this physician, SBA Summer Camp may make whatever arrangements deemed necessary for the safety of my child.

I also give my child permission to attend all scheduled field trips.

Signature _____ Date _____

Parent or Legal Guardian

Please circle all weeks your child(ren) will be attending:

May 31 (closed Monday – Memorial Day)	June 6	June 13	June 20	June 27
July 5 (closed Monday – July 4th)	July 11	July 18	July 25	August 1