



TO BE COMPLETED BY ALL SUMMER CAMP FAMILIES

SUMMER 2019

**Episcopal Day School
340 E. Massachusetts Avenue, Southern Pines, NC 28387
(910) 692-3492**

Child's Full Name _____

M or F _____ DOB _____ Grade in Fall 2019 _____

Parent(s) / Guardian (Please Print): _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Number: _____

Email(s): _____

Mother (work #): _____ Mother (cell #): _____

Father (work #): _____ Father (cell #): _____

Additional individuals allowed to pick up child from school (must show ID when picking up child):

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Emergency Medical Information

Medical Insurance: _____ Provider/Group: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

In case of emergency call (someone other than parent/guardian):

Name: _____ Phone: _____ Relationship: _____

In the event of an emergency or serious illness, I request that Episcopal Day School contact me. If Episcopal Day School is unable to reach me, I hereby authorize Episcopal Day School to call the physician indicated and follow their instruction. If the physician cannot be contacted, Episcopal Day School will make any necessary arrangements. In an extreme emergency Episcopal Day School will call 911.

Parent/Guardian Signature: _____

Please list any health issues your child has. _____

Please list any allergies your child has: _____

Note children with food allergies, or other serious allergies, must provide an epi-pen. Please attach a completed immunization record with this form.