



EMERGENCY FORM FOR SUMMER 2020

Student Name(s): _____

Parent/Guardian Name(s): _____

Authorized Pick Up/Permission-

Name Relationship Phone Number

Name Relationship Phone Number

Name Relationship Phone Number

Please list any allergies, special dietary needs, physical/mobility limits, and any other health condition or information you feel we should know about your child's health.

Parent/Guardian Signature: _____ **Date:** _____