



LITTLE
HOUSE
AFTER
SCHOOL

Summer Camp Emergency and Medical Information

Child's First Name (Please print on line above) Middle Name Last Name		
Sex	Date of Birth	
Child's Street Address	City/State/Zip	Home phone
Parent 1 Name	Parent 2 Name	
Parent 1 Daytime Number	Parent 1 Mobile Number	Employer
Parent 2 Daytime Number	Parent 2 Mobile Number	Employer

If neither parent can be contacted, call:

Emergency Contact 1 Name	Relationship	Phone Number
Emergency Contact 2 Name	Relationship	Phone Number
Child's Health Care Provider	Phone Number	
Child's Dentist	Phone Number	
Health Insurance Company	Policy Number	

Any special medical conditions of which the school should be aware? (Allergies, diabetes, asthma, etc.) If yes, please describe how an episode/emergency should be treated (Epipen, insulin, inhaler, etc.) Please attach a second sheet or write on the back if more space is needed.

Food Preferences/Restrictions (Vegan, vegetarian, etc.)

Topical Ointment Permission

I ___do ___ do not give permission to Little House staff to use discretion in applying topical ointments, such as Neosporin, calendula, or Traumeel, to my child for minor scratches and bruises.

Dismissal Authorization

You may designate below those friends or relatives who have your permission to pick up your child from Summer Camp on a standing basis. We cannot release your child to anyone for whom we do not have your written authorization, so please keep this form up to date by informing the office of any changes during the summer. If your child will go home with someone else or with a friend from camp, please give your child's teacher WRITTEN instructions that morning.

My child has permission to ride with:

Name	Phone Number
Name	Phone Number
Name	Phone Number
Name	Phone Number

In the event I cannot be reached at the time of illness or accident to make arrangements for **emergency medical care**, I hereby authorize Montessori Children's House of Durham and Little House Summer Camp to take my child to the nearest doctor or hospital and to obtain the necessary medical assistance.

Signature Parent/Guardian	Date
Print Name Parent/Guardian	Date