

Singing Panther Summer Camp Emergency Contact and Medical Form

Student's Name: _____

Parent's Cell Number: _____

Emergency Contact # 1:

Name: _____ Relationship to student: _____

Phone Number: _____

Emergency Contact # 2:

Name: _____ Relationship to student: _____

Phone Number: _____

Medical problems or allergies which might influence medical treatment (if none, please state "none known): _____

Food Allergies (list foods you are allergic to and physical response to said food.) If none, please state "none known".

Epi – Pen required? YES NO

Date

Signature of Parent/Guardian