

MAA SUMMER CAMP EMERGENCY TREATMENT DATA

Child's Name _____ **Birthdate** _____
Last First M.I. Mo. Day Year

Home Address _____
Street City State/Zip

Resides With: _____ **Relationship** _____

Mother/Guardian's Information **Father/Guardian's Information**
 Name _____ Name _____

Home Phone _____ Home Phone _____

Cell # _____ Cell # _____

Place of Employment _____ Place of Employment _____

Business Phone _____ Ext _____ Business Phone _____ Ext _____

Stepmom/Spouse Name _____ Stepfather/Spouse Name _____

Daytime # _____ Daytime # _____

If parents/guardians cannot be reached, notify the following who will provide transportation if necessary:

1. _____

Name	Relationship	Daytime#	Cell#
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2. _____

Name	Relationship	Daytime#	Cell#
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Medical Insurance _____
Company Certificate # Group # Type #

Student's serious medical issues _____

Daily Routine Medications _____

Allergic to _____ Treatment _____

Family Physician _____ Phone # _____

If medical care is required, the phone numbers listed above will be called. For serious emergencies, 911 will be called immediately.

I verify that all the information on this form is correct.

Parent/Guardian Signature

Date