

**Garden Grove SDA Church
Day Camp
Emergency Form**



Please Print

Grade _____

Last Name: _____ First Name: _____ MI: _____ Sex: M F

Social Security Number: _____ Birthday: _____ Place of Birth: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ Ethnicity _____

Primary Language- Spoken at Home _____ By Student _____ First Language _____

Father/Stepfather/Legal Guardian (circle one): _____ Living w/Student: Yes No

Place of Employment: _____ Work Phone: _____ Dept. _____

Mother/Stepmother/Legal Guardian (circle one): _____ Living w/Student: Yes No

Place of Employment: _____ Work Phone: _____ Dept. _____

Other Siblings Enrolled: Name: _____ Grade _____ Name: _____ Grade _____

In MVES District #16 Name: _____ Grade _____ Name: _____ Grade _____

The best way to receive messages from school is: _____ Home Phone _____ Work Phone _____ E-mail _____ Flyer/Letter

PARENTAL STUDENT RELEASE DOCUMENTATION

In most cases, camper will only be released to individuals listed on a child's registration and/or emergency information form. By law, students must be released to either parent UNLESS the school office has court documentation on file denying custody to a specific parent(s), OR, declaring one parent the lone custodian/guardian.

Is there anyone in the family or otherwise the school can not release your child to? Please attach court documentation if this is a parent.

EMERGENCY/MEDICAL INFORMATION

In the event of an accident or serious illness, and if the school is unable to reach me, I hereby authorize the school to call the physician indicated below and follow his instructions. If it is impossible or not prudent to contact this physician, the school may make whatever arrangements are necessary.

Physician/Practice: _____ Phone: _____

Is your child currently under the care of a physician? Yes No

Please explain / other pertinent medical information: _____

Does the student have allergies and to what? _____

*****Please Continue on the Reverse Side*****

Please list the names and phone numbers of **at least** two nearby relatives/neighbors/friends that we may contact in the event of an emergency and who will have your permission to pick up your child from school. When no parent or emergency contact can be reached, the school will release custody to the proper law authorities. Please note that students will only be released to parents or those you list below. To make other arrangements, please notify the school in writing.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Has your child ever had or now has:

| Yes | No | Item | Yes | No | Item |
|-----|----|----------------------|-----|----|---------------------------|
| | | Allergy to Bee Sting | | | Measles |
| | | Anemia | | | Menstrual Cramps (severe) |
| | | Arthritis | | | Migraine Headaches |
| | | Asthma | | | Mononucleosis |
| | | Chicken Pox | | | Mumps |
| | | Concussion | | | Pneumonia |
| | | Diabetes | | | Polio |
| | | Eczema | | | Rheumatic Fever |
| | | Emotional Problems | | | Sinus Trouble (severe) |
| | | Epilepsy | | | Sore Throats (chronic) |
| | | Fainting (frequent) | | | Tuberculosis |
| | | Heart Murmur | | | Whooping Cough |
| | | Hepatitis | | | Other |
| | | Hernia | | | Other |
| | | Hives | | | Other |
| | | Kidney Problems | | | Other |

I certify that the information contained on these two pages is accurate to the best of my knowledge.

Parent Name

Parent Signature

Date