

SOUDERTON AREA SCHOOL DISTRICT
SUMMER PROGRAM MEDICAL EMERGENCY INFORMATION CARD

Child's Name: _____ Age: _____ DOB _____

Address: _____

Name of Parent: _____

Home Phone: _____ Work Phone: _____ Mother ___ Father ___

School Child Attends During School Year: _____ Grade Completed: _____

Allergies: _____

Existing Medical Conditions: _____

Medications: _____

Limitations: _____

Hospitalization / Insurance is the responsibility of the Parent or Guardian

Doctor: _____ Phone: _____

Hospital Preference: _____

Insurance Company: _____ Name of Insured: _____

Group #: _____ Policy#: _____

Local person to care for child if unable to reach parent/guardian. Should be close to camp location.

Name: _____ Phone: _____ Relationship: _____