

HATS Summer Program 2012

Emergency Contact Information (Form B)

To Parent and Guardian:

All information requested here is to ensure your child's safety and comfort. It will remain **confidential**.

Name: _____
(Last) (First) (MI)

Family Physician: _____ Physician's Phone: _____

Does your child have any physical, dietary, or medical restrictions (please list any current condition, such as asthma, diabetes, epilepsy, allergies, heart condition, etc)? _____ Yes _____ No

If yes, do special arrangements need to be made? ___ Yes ___ No

If yes, please explain: _____

Is your child currently taking any medications? ___ Yes ___ No

If yes, list here and provide the dosage and times of administration:

EMERGENCY CONTACT/AUTHORIZATION TO PICK UP STUDENT: (Please provide at least two emergency contacts.)

Name: _____ Daytime Phone: _____

Relationship to student: _____ Cell Phone: _____

Name: _____ Daytime Phone: _____

Relationship to student: _____ Cell Phone: _____

Name: _____ Daytime Phone: _____

Relationship to student: _____ Cell Phone: _____

FOR OFFICE USE ONLY:

Class Name and Number: _____ Shirt Size: _____

Student Name: _____ Quantity: _____

Instructor: _____

Special Instructions: _____