SUMMER CAMP
Child(ren) Information Form

PARENT NAMES: _____

_____
street address, city and state of responsible parent

_____
responsible parent's e-mail address

_____ _____
most accessible phone# of responsible parent *alternate phone number of responsible parent*

EMERGENCY CONTACT:

_____ _____ _____
name *relationship* *phone*

_____ _____ _____
name *relationship* *phone*

_____ _____ _____
name *relationship* *phone*

1. STUDENT NAME: *Tell us about your child…*

_____ _____
Student's name *Grade entering in the fall*

Does he/she have allergies? If so, what kind and what is the treatment used?

No Yes_____

Asthma? If so, what is the treatment plan?

No Yes_____

Frequent headaches?

No Yes_____

Near-sightedness? No Yes

Glasses or contacts? No Yes

Frequent upset stomachs?

No Yes_____

Are there are conditions that would prevent him/her from participating in outdoor -recess type- activities? _____

_____

Can your child swim? No Yes

(Complete the back of this form if you have more than one child attending Seton's Summer Camp)

2. STUDENT NAME: *Tell us about your child…*

_____ _____

Student's name *Grade entering in the fall*

Does he/she have allergies? If so, what kind and what is the treatment used?

No Yes_____

Asthma? If so, what is the treatment plan?

No Yes_____

Frequent headaches?

No Yes_____

Near- sightedness? No Yes

Glasses or contacts? No Yes

Frequent upset stomachs?

No Yes_____

Are there are conditions that would prevent him/her from participating in outdoor -recess type- activities? _____

_____

Can your child swim? No Yes

3. STUDENT NAME: *Tell us about your child…*

_____ _____

Student's name *Grade entering in the fall*

Does he/she have allergies? If so, what kind and what is the treatment used?

No Yes_____

Asthma? If so, what is the treatment plan?

No Yes_____

Frequent headaches?

No Yes_____

Near- sightedness? No Yes

Glasses or contacts? No Yes

Frequent upset stomachs?

No Yes_____

Are there are conditions that would prevent him/her from participating in outdoor -recess type- activities? _____

_____

Can your child swim? No Yes