

Medical and Emergency Contact Information

Name of Student: _____ School: _____

Date of Birth: _____ Nickname: _____ Grade Fall '18 _____

Parent(s): _____

Home Address: _____ Home Phone: _____

Daytime Parent(s) Phone _____ Parent 1: _____

Parent 2: _____

Local Emergency Contact: _____ Name: _____

Relationship to student: _____

Phone: _____

Pediatrician: _____ Phone: _____

Insurance Carrier _____ Policy #: _____

Allergies: _____ plants/animals: _____ insect stings: _____ pollens _____

foods/other: _____

Does your child need medication dispensed while at Camp? _____

Does your child use an inhaler or Epi-pen? _____

If yes, you MUST provide an inhaler and/or Epi-pen to Camp Cunningham*

Please note severity and remedies for allergy symptoms: _____

It is important that you share any special needs your child may have: _____

*If your child needs to receive medication while s/he is attending Camp, please complete a new copy of your child's MPS Authorization to Dispense Medication (link available at www.miltonps.org) by May 31, 2018 mail to MCS @ Glover School, or email to pdorsey@miltonps.org

I give permission for my child to be treated by the Camp Cunningham Nurse in the event of minor illness or injury.

In the event of a serious emergency at Camp, I give permission for my child to be treated by Fallon ambulance staff and transported, if necessary, to Beth Israel Deaconess Milton Hospital for treatment. In the case of a serious off-site emergency, treatment and transportation will be provided by local facilities.

PARENT SIGNATURE: _____ DATE: _____