



Knox School Summer Adventures - Emergency Contact Form

A. Child's Name _____ **DOB** _____ **Sex** _____

Address _____ **Phone** _____

Parent /Guardian #1 Name _____ **Home Phone** _____

Home Address _____ **Cell Phone** _____

Place of Employment _____ **Work Phone** _____

Parent/Guardian #2 Name _____ **Home Phone** _____

Home Address _____ **Cell Phone** _____

Place of Employment _____ **Work Phone** _____

B. Physician Name _____ **Phone #** _____

Medical Insurance Company Name _____ **ID #** _____

Dentist Name _____ **Phone** _____

Emergency contact who may be notified in case of emergency and may pick up you child at any time from SAAK. ***To be called only after trying to contact parents/guardians.**

	<u>Name</u>	<u>Relationship to child</u>	<u>Phone #1</u>	<u>Phone #2</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

C. Siblings: Name _____ DOB _____ Sex _____ At SAAK? Y or N _____

D. ** Please provide a photo of your child for our records. Physical description below...
Eye color _____ **Hair color** _____ **Skin color** _____
Height _____ **Weight** _____ **Identifying marks** _____

Parent/Guardian permission for medications to be administered at camp :
Bacitracin Topical Y___N___ Caladryl Topical Y___N___ Cough Drops Y___N___

Parent Signature: _____ **Date:** _____