



Summer Camp Emergency Information

*Required for students who did not attend Oak Hill during the last school-year.

Name _____ Birth Date _____ Age _____

Address _____ City _____ State _____ Zip _____

Parent Name _____ Cell/Pager _____

Home Phone _____ Work Phone _____ Hours _____

Address (if different) _____

Parent Name _____ Cell/Pager _____

Home Phone _____ Work Phone _____ Hours _____

Address (if different) _____

Emergency Contact _____ Relationship to Child _____

Cell/Pager _____ Home Phone _____

Work Phone _____ Address _____

Emergency Contact _____ Relationship to Child _____

Cell/Pager _____ Home Phone _____

Work Phone _____ Address _____

Family Physician/Pediatrician _____ Tel: _____

Address _____

Family Dentist _____ Tel: _____

Address _____

Specific instructions regarding care if not covered previously: _____

Any known ALLERGIES: _____

Date of last tetanus shot: _____

I/we understand that in some emergency situations Oak Hill Montessori School will need to contact emergency medical service before I/we, our child's physician, and/or other adult acting on behalf can be notified. In the event of a medical emergency, I/we understand that my/our child will be transported to the nearest hospital, Regions Hospital, if the local emergency unit determines this is necessary for treatment.

I/we hereby grant permission to the staff of Oak Hill Montessori to take whatever emergency measures are judged necessary for the care and protection of my/our child _____ while under supervision of the school.

Parent/Guardian Signature(s) _____ Date: _____

*Please notify the school office if this emergency information changes during the summer session.