

PINKERTON ACADEMY SUMMER ARTS CAMP USE ONLY

EMERGENCY INFORMATION FORM- PINKERTON ACADEMY FINE ARTS DEPARTMENT

Student's name: Last _____ First _____ Middle _____ D.O.B. _____

Street Address _____ Town _____ ZIP _____

Mailing (if diff.) _____

Student lives with: (**PLEASE CIRCLE**) Both Parents Mother Father Legal Step-fa Legal Step-mo Guardian Other (specify): _____

Mother's full name _____ Home Tel. # _____

Mother's workplace _____ Work Tel. # _____

Mother's cell # _____ Email address _____ Other email _____

Father's full name _____ Home Tel. # _____

Father's workplace _____ Work Tel. # _____

Father's cell # _____ Email address _____ Other email _____

HEALTH INFORMATION

School in fall 2021: _____ Does the student wear glasses? ___ Contacts? _____

Does the student have: Asthma? ___ Treatment: _____

Diabetes: ___ Treatment: _____

Seizure disorder? ___ (most recent seiz. _____) Treatment: _____

Insect sting allergy? ___ Latex allergy? ___ Other serious allergy? ___ Treatment: _____

Other allergies? (please specify): _____

Please list any current physical/emotional health problems and treatment/medications: _____

Other problems or restrictions: _____

Local physician: _____ Tel. # _____ Hosp. preference: _____

PARENTAL AUTHORIZATION

In case of medical emergency, in the event I cannot be reached, I authorize Pinkerton Academy, its agents, employees, and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my child by or under the supervision of any duly licensed doctor, dentist or surgeon.

Date

Parent or Guardian Signature

Health Insurance Company

Policy Number