

**enGAGE! Summer Enrichment Camp
Emergency and Medical Contact Information**

Student Name _____ Grade completed _____

Parent/Guardian _____

Phone/ Home: _____ Work _____

Cell _____

Parent/Guardian _____

Phone/ Home: _____ Work _____

Cell _____

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Insurance Company _____

Group/Coverage # _____

Allergies _____

Medications _____

Special instructions _____

My child/family is part of a carpool with the following families:

Parent's Name _____ Phone # _____

Child's Name _____

Parent's Name _____ Phone # _____

Child's Name _____

Parent's Name _____ Phone # _____

Child's Name _____

Parent's Name _____ Phone # _____

Child's Name _____

Parent's Signature _____ **Date** _____