

AURORA SCHOOL SUMMER CAMPS 2009

Emergency Contact Sheet



Child's Information:

Name: _____ Age: _____ Grade: _____ School: _____

Parent 1:	Parent 2:
Name:	Name:
Address:	Address:
City: Zip Code:	City: Zip Code:
Home Phone#:	Home Phone#:
Cell Phone #:	Cell Phone #:
Work Phone #:	Work Phone #:
Email:	Email:

Emergency Contacts:

This student may be released to the following people in an emergency only.

- 1) Name: _____ Phone: _____
- 2) Name: _____ Phone: _____

Contact person living outside the S.F. Bay Area in case local phone service is down:

Name: _____ Phone: _____

Medical Information:

Dentist: _____ Phone: _____

Physician: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____ Group #: _____

Preferred Hospital: _____

Allergies: _____

Medications: _____

I authorize Aurora School to use pictures of my child in their publications or on their website: Yes No

Print Name: _____ Signature: _____ Date: _____