



2025 Summer Camp Emergency Contact information

Student name: _____ Age: _____

Address: _____ Town/Zip: _____

Parent/Guardian: _____ Phone: _____

Alternate contact: _____ Phone: _____

Known allergies or medications that may affect daily tasks or medical treatment:

Any restrictions or accommodations we need to be aware of for daily tasks or activities:

It is my understanding that Preschool Express staff will provide basic treatment to my child if injured while in their care. Preschool Express will attempt to notify me in the case of a medical emergency involving my child. If I cannot be reached, I authorize Preschool Express staff to seek immediate medical attention for my child from a healthcare professional. I give my permission to the doctor or other healthcare professional to provide medical services he or she deems are necessary. I am responsible for medical expenses incurred.

Parent/Guardian Signature: _____

Date: ____/____/____

Teacher initials: _____