



## 2026 Summer Camp Emergency Contact information

Student name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

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:    /    /