St. Ignatius Summer Camp 2017 Emergency Form

Please Print Family Name	Home Telephone	Home Telephone Number			
Current School Attending					
Student Name	DOB_	GR			
(Last)	(First)				
Student Name	DOB	GR			
Student Name	DOB	GR			
Student Name	DOB	GR			
Address	City	Zip			
Mother/Guardian's Name	Wor	Work #			
Address					
Cell #E-Ma					
Father/Guardian's Name	Work	#			
Address					
Cell #E-Ma					
In case of emergency (when parents canno		Additional #			
Name					
Physician Name					
Hospital					
Dentist					
AUTHORIZAT In the event of serious emergency and non family physician or if the situation deman any X- ray examination, anesthetic, medic rendered under the general or special sup Medicine. I hereby agree to bear all costs	ds, to transfer my child to the nearest hosp al or surgical diagnosis or treatment whic ervision of any physician and surgeon lice	authorize school officials to call my oital for emergency care. I consent to h is deemed advisable by, and			
Signature of Parent I do not choose to sign the above statemen					
MEDICAL INSURANCE COVERING ST		. •			