



MPS Summer Enrichment Camp Emergency Form

Child's Name _____ Grade _____ (2024 - 25)

Date of Birth _____ Age _____ Gender : M _____ F _____

Home Address _____

Parent/Guardian:

1. Name _____	Home Phone _____
Email _____	Cell Phone _____
	Work Phone _____
2. Name _____	Home Phone _____
Email _____	Cell Phone _____
	Work Phone _____

Person(s) to be called if Parent/Guardian is unavailable.

1. Name _____ Relationship _____
Home Phone _____
Cell Phone _____
Work Phone _____

2. Name _____ Relationship _____
Home Phone _____
Cell Phone _____
Work Phone _____

Authorized People to Pick-Up:

1. _____ 3. _____
2. _____ 4. _____

Doctor's Name: _____ Phone: _____

Allergies (food, medications, seasonal allergies) Please list ALL: _____

Medications: _____

Special Needs: _____

