

## 2024 St. Charles Summer Camp Emergency Form

*Each child must have an individual Emergency Form*

Child's Name:

Age:

D.O.B.

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### In Case of an Emergency: Please call:

1st contact: NAME: Relationship to child:	Cell:
2nd contact: NAME: Relationship to child:	Cell:
3rd contact: NAME: Relationship to child:	Cell:

### I grant permission for the following to pick up my child from SCB camp:

#1: Name: Relationship to child:	Cell:
#2: Name: Relationship to child:	Cell:
#3: Name: Relationship to child:	Cell:

I understand that anyone not listed above, must show proper identification, *pending notification by parent(s)*.

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(Parent/ guardian)

(Date)

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**Child's name:**

**1. Does your child require administration of an inhaler during camp?**

**NO / YES**

**Will your child bring the inhaler each day? NO / YES**

**Will you provide the inhaler for the duration of camp? NO / YES**

**2. Does your child require an epi pen? NO / YES**

**Will your child bring the epi pen each day? NO / YES**

**Will you provide an epi pen for the duration of camp? NO / YES**

**3. Does your child have allergies which need special accommodations? ie peanut allergies, bee stings, etc NO / YES**

**Specify: \_\_\_\_\_**

**4. Does your child have any medical issues which should be noted?**

**NO / YES Specify: \_\_\_\_\_**

**If your child has a need for any of the above, parents must place medication in a marked plastic bag. Instructions must accompany all medication.**

**Please notify camp leaders on the first day of camp attendance of medical/ dietary needs.**

**Thank you for your cooperation.**

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**Questions/ concerns: Marianne Culp (mculp@scbpschool.com)**