

SUMMER CAMP at LA JOLLA HIGH SCHOOL  
**MEDICAL and EMERGENCY INFORMATION FORM**

**CHILD'S NAME:** \_\_\_\_\_

CHILD'S BIRTHDAY: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

HOME# \_\_\_\_\_

WORK# \_\_\_\_\_

CELL# \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

HOME# \_\_\_\_\_

WORK# \_\_\_\_\_

CELL# \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY PHONE# \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

PHONE# \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES?      YES      NO

EXPLAIN \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS?      YES      NO

EXPLAIN \_\_\_\_\_

IS YOUR CHILD ON ANY TYPE OF MEDICATION?      YES      NO

EXPLAIN \_\_\_\_\_

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\*\*\*If any of the above information changes please notify staff to update this form on file.

All information above is correct to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_