

SUMMER AT MERIDIAN STREET  
EMERGENCY INFORMATION SHEET

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Name and Policy \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Current Medications and dosage (specify child) \_\_\_\_\_

NOTE: This is for hospital information only, should the need arise.

Summer at Meridian Street personnel are not authorized to dispense medications.

Known Allergies (specify child) \_\_\_\_\_

Does your child(ren) have an EpiPen for this allergy? Yes \_\_\_\_\_ No \_\_\_\_\_

Child(ren)'s Medical Information:

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Other Medical Conditions or considerations. \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

SUMMER AT MERIDIAN STREET  
EMERGENCY CONTACTS AND APPROVED PICK-UP PERSONS

Please list below anyone you might designate as an emergency contact or who is authorized to pick up your child(ren) (i.e. neighbor, relative, co-worker) in the event you are unable to do so. This will enable us to be sure (after checking ID) that your child is released ONLY to someone approved by you. We will not release your child to anyone not on this list unless we have written or verbal confirmation from you.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**SUMMER AT MERIDIAN STREET  
MEDICAL TREATMENT FORM**

**CONSENT FOR MEDICAL TREATMENT**

If reasonable attempts to contact me or the emergency contacts at the emergency #'s listed on the Emergency Contact List or on the daily sign-in sheet have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. \_\_\_\_\_, or if the designated preferred practitioner is not available, by another licensed physician AND the transfer of my child to \_\_\_\_\_ or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity, for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

**REFUSAL OF CONSENT FOR MEDICAL TREATMENT**

I do not give consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency medical treatment, I wish Summer at Meridian Street Day Camp to take no action or to: (specify)

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

## SUMMER AT MERIDIAN STREET CAMP TRAVEL PERMISSION FORM

Child(ren)'s Full Name \_\_\_\_\_

---

Please sign this permission slip for your children to be able to attend field trips and swim days.

**The camper(s) must wear their camp shirts on the field trip days.**

I hereby give permission for my child(ren) to attend camp field trips and swim days and authorize the camp personnel for **Summer at Meridian Street** to transport my child(ren) to and from the associated locations for the given weeks of participation. I understand that travel will be provided by **Miller Transportation Company** or another commercial transportation company.

I give \_\_\_\_\_ (camper(s) name(s)) permission to attend and be transported to these field trips by Miller Transportation.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Acknowledgement for Summer at Meridian Street Parent Handbook

I have received my copy of the S@MS Parent Handbook. I agree to read it and keep it for future reference. I agree to abide by all the procedures and policies as stated in the handbook.

---

Full Name (print)

---

Signature

---

Child(ren)'s Name(s)

---

Date