

San Jose Christian School Daycamp  
**Emergency Information, Medical Release & Off-Campus Authorization**

**Child Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Grade Just Finished \_\_\_\_\_

**Emergency Information**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Child's Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
Child's Dentist \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

**Emergency Contacts (other than parents):**

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

**Medical Information**

Known Allergies: \_\_\_\_\_  
Reactions to Medications: \_\_\_\_\_  
Medications presently being taken: \_\_\_\_\_  
Other pertinent medical history: \_\_\_\_\_

**Medical/Off-Campus Activity Release**

I understand that if there is an unexpected illness or injury and the school is unable to contact the parents, the Daycamp staff is authorized to take action that, in their best judgment, will provide for the medical needs of my child.

The Daycamp staff will not provide any medication to students (including Aspirin and Tylenol) except in the case of minor cuts that may be treated with Antibiotic Ointment.

I hereby consent to have my child participate in field trips supervised by the Daycamp staff away from the school grounds. I will be informed of these trips as they approach and understand that there will be a second on-campus option that I may choose for my child instead.

Person(s) (other than parents and emergency contacts listed above) authorized to pick-up my child:

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

**Parent/Guardian Signature** \_\_\_\_\_