



Manhattan Beach Unified School District

Return this form to your EDP teacher

# Summer Camp

## 2012 Emergency Form

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Home School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First

Home Address: \_\_\_\_\_

Contact

Parent #1 \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent #2 \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Other Local Emergency Contact \_\_\_\_\_  
Name Number

Other People who may pick up your child \_\_\_\_\_

List who has legal physical custody: \_\_\_\_\_

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### Important Medical Information

\*Allergies: \_\_\_\_\_

Symptoms manifested: \_\_\_\_\_

\*Medications being taken: \_\_\_\_\_

\*Special Care Plan form must be submitted for any allergy indicated.

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Approximate hours your child will be attending: \_\_\_\_\_ to \_\_\_\_\_

Any other important information to know about your child:

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

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date