SUMMER CAMP
St. Mark's Episcopal School
Fort Lauderdale, est.1959

2017 Health and Emergency Contact Information

This form must be completed by a parent or guardian and returned along with the registration form.
Please complete ONE form per family.

1. Student's Name _____ M/F _____ Grade _____ Birthday _____

2. Student's Name _____ M/F _____ Grade _____ Birthday _____

Parent1 Name _____ Email _____

Home Phone (_____)_____ Cell Phone (_____)_____ Work Phone (_____)_____

Parent2 Name _____ Email _____

Home Phone (_____)_____ Cell Phone (_____)_____ Work Phone (_____)_____

Student's Physician _____ Phone (_____)_____

Student's Name	Health Concern / Allergy	Symptoms	What should be done?
1. _____	_____	_____	_____
2. _____	_____	_____	_____

This information will be released to St. Mark's faculty and staff as needed. No medication, including over-the-counter medications, will be given by clinic personnel unless a St. Mark's Medication/Treatment form ***signed by both the physician and parent*** is on file in the clinic. Any medication to be given must be noted on the form. Current St. Mark's students should have this form on file.

IN CASE OF EMERGENCY, in whose care may we release the child if parent(s) cannot be located?

Name	Home Phone	Business Phone	Cell Phone
1. _____	_____	_____	_____

Person(s) not permitted to remove child: _____

_____

MANDATORY PASSWORD _____
Your password will be used when St. Mark's needs to verify parent or visitor's identity.

Emergency Release Form

In the event a medical emergency arises during the time that a child is under the supervision of the staff of St. Mark's Episcopal School, every attempt will be made to contact the parent/guardian of the child or other authorized person immediately. In the event that a parent/guardian or other authorized person cannot be located, the form below will serve as authorization for a member of St. Mark's Episcopal School Staff to seek the necessary medical attention for the child.

I _____, hereby authorize a St. Mark's Episcopal School Staff Member to authorize medical care for _____, and/or _____ should the need arise, under the supervision and on the advice of a physician licensed to practice medicine in the State. of Florida.

Parent/Guardian Signature _____ Date _____