

Summer at St. Michael's Medical Form

Camper's Name _____

Camper's Age _____ Date of Birth _____

Parent's or Guardian's Names _____

Contact Phone # 1) _____ name _____

2) _____ name _____

3) _____ name _____

Health Insurance

Company _____

Plan

number _____

Is camper taking any medication? _____

If yes, please provide any necessary information which will help us assist camper's safety and well being: _____

Does camper have any allergies? _____

If so, please list all: _____

A current copy of camper's medical immunization record is necessary for camp participation. Please mail or fax immunization record to St. Michael's Country Day School, attention Mary Coaty, by June 1st.

School address: 180 Rhode Island Avenue, Newport, RI 02840.

Fax number: (401)849-7890.

If emergency treatment is required, I give permission to the camp Director/Asst.

Director,

to furnish medical care to _____ . In case of an emergency, the Director will make every effort to contact the parents or guardians. St. Michael's

is not responsible for any debt incurred while medically caring for a camper.

Signature of parent or guardian:

_____ Date _____