

Methacton School District
Emergency Card for Summer Classes
Student Information

Camp Name: _____

Student Name: _____

Home Telephone: _____ Cell Phone: _____

Address: _____

E-Mail: _____

Emergency Contact Information

Name: _____

Relationship: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Medical Information

Please complete all information

Pre-existing circulatory/pulmonary conditions: _____

Inhalers: _____ Diabetes: _____

Blood Type: _____ Date of Tetanus Immunization: _____

Allergies or Allergic Reactions: _____

Medications Being Used: _____

Other Patient Health Information: _____

Physician Information

Family Physician Name: _____

Physician Phone: _____

Name of Insurance: _____

Permission to administer necessary care:

Signature of Parent/Guardian

Date