



MATER DEI

A CATHOLIC PREPARATORY SCHOOL

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SUMMER ACADEMIC ENRICHMENT PROGRAMS EMERGENCY INFORMATION FORM

Child's Name _____ Age: _____

Mailing Address _____

Telephone # _____

Where parents can be reached during workshop:

Parent #1 Name: _____ Cell # _____

Parent #2 Name: _____ Cell # _____

Person to call if parents cannot be reached:

Name: _____ Cell # _____

Does your child have: Asthma _____ Diabetes _____ Epilepsy _____

Other: _____

Does your child carry an inhaler/medications with them? _____

Explain: _____

Does your child have any chronic injuries?: _____

Explain: _____

Physician's Name: _____

Address: _____

Phone #: _____

Insurance Carrier: _____

Group/ID # _____

Name insurance is under: _____

In case of an accident or injury, I request that the school or instructor contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact the physician the school may make whatever arrangements seem necessary. The school is not responsible for any injuries as a result of this class.

Signature of parent/guardian: _____ Date _____