



OUR LADY OF THE LAKES CATHOLIC SCHOOL

6600 Miami Lakeway North

Miami Lakes, FL 33014

SUMMER CAMP EMERGENCY CONTACT FORM

Student's name: _____ **Date:** _____

Grade entering in August : _____ Female _____ Male _____ Date of Birth _____

Student's address: _____

Street City State Zip

Student's home phone: _____ e-mail address: _____

Area code

Student resides with: Both parents _____ Mother _____ Father _____ Grandparents _____ Other _____

Father's name: _____ **Occupation:** _____

Father's phone: Home _____ Work _____ Cell _____

Employer's name: _____ e-mail address: _____

Mother's name: _____ **Occupation:** _____

Mother's phone: Home _____ Work _____ Cell _____

Employer's name: _____ e-mail address: _____

Contact person for medical emergencies: _____

Relationship to student: _____ e-mail address: _____

Phone: Home _____ Work _____ Cell _____

Does the student have any allergies or take any medication on a regular basis of which we should be aware? If so, please explain: _____

Name and Relationship of any person who has permission to pick up the student:

Names of people who may not pick up your child: _____

Your signature below indicates your compliance with the enclosed requirements for enrollment including the payment of all fees and tuition.

Father's signature (or Legal Guardian)

Mother's signature (or Legal Guardian)