



RCS Summer Adventure

Student Information Form

Student's Name: _____

Address: _____

Birth Date: _____

Mother's Name: _____

Address: (if different than student's) _____

Cell Phone: _____ **Work Phone:** _____

E-mail address: _____

Father's Name: _____

Address: (if different than student's) _____

Cell Phone: _____ **Work Phone:** _____

E-mail address: _____

EMERGENCY contact: (In the event that parent's are NOT available):

Name: _____

Phone: _____ **Relationship:** _____

Name: _____

Phone: _____ **Relationship:** _____

AUTHORIZATION for student Pick Up:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Medical/Emergency Release:

In the event of an emergency and all attempts to reach me have failed, and school authorities judge that immediate observation and/or treatment is necessary, I authorize and direct that my child receive such care as is necessary. Emergency treatment may require notification of an Emergency Aid Unit (9-1-1). Further treatment, based upon Medic evaluation and recommendation, may be given. I understand that I assume responsibility for any payment of services rendered if required.

Parent Signature: _____ **Date:** _____

Medical Insurance Provider: _____

Group/Member # _____

Family Physician: _____ **Phone:** _____

ALLERGIES: _____