

**Department of Continuing Education
155 Firetown Road Simsbury, CT 06070**

Nursing Services are NOT available at ALL sites.

Parent/Guardian of ALL students under the age of 18, must complete this form

Name _____ Home Phone _____
Address _____ Cell Phone _____
City _____ Zip Code _____ Business Phone _____
Email Address _____ **Course Code:** _____

STUDENT EMERGENCY INFORMATION

1. _____
Parent/Guardian Employer Business Phone Cell Phone

2. _____
Parent/Guardian Employer Business Phone Cell Phone

Alternate persons readily available whom we may contact if parents/ guardians are unavailable.

3. _____
Name Relationship to student Phone Cell Phone

4. _____
Name Relationship to student Phone Cell Phone

Doctor: _____
Phone: _____
Hospital Preference: _____
Dentist: _____
Phone: _____

Allergic to:
 Bee Stings Shellfish
 Medication: _____
 Other (please indicate): _____

Medical Concerns:
 Diabetic
 Seizure Disorder
 Other medical-related: _____

If Medication needs to be administered **during camp hours (name & dose), we must have a **CURRENT** Order. For SAA and PE classes, the order needs to be brought in to nurse at **least 2 days** before camp starts.

Any other concerns/issues you need to share with staff who is supervising your child:

If your child REQUIRES medication during class(es), please arrange time to discuss procedures with Sue Beardsley, Director of Health Services; 860-658-0451 ext. 711

Parent Signature: _____ Date: _____