



# Student Emergency Information Record Summer Camp

Please print clearly and complete all three (3) sections, including page 2 on the back of this form. Thank you!

## Section A: Student Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Work Mobile

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Work Mobile

\_\_\_\_\_  
E-Mail Address

## Section B: Medical Information/Emergency Directives

Physician Info: \_\_\_\_\_  
Name Address Phone

Preferred Medical Facility (In Case of Emergency): \_\_\_\_\_

Please specify below any existing illnesses/previous injuries or hospitalizations during the past 12 months, any medications prescribed for long term continuous use or other conditions, and any food/drug and or environmental allergies below:

Illnesses/Injuries/Hospitalizations: \_\_\_\_\_

Medications: \_\_\_\_\_

Food/Drug/Environmental Allergies: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**PLEASE REMEMBER TO COMPLETE AND SIGN PAGE 2 ON THE REVERSE  
SIDE OF THIS FORM!**



## Student Emergency Information Record

### Section B (Continued)

Should an emergency, accident, or serious injury/illness occur, I grant authorization to The Girls' School of Austin to administer first aid and/or seek emergency medical assistance as may be necessary. If the school is unable to reach parents, please specify below who may be contacted to determine and arrange further medical treatment (if necessary)

<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Mobile Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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### Section C: Release of Student from School

Students will be released only to the parent(s), or the person(s) specified below:

<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Mobile Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your daughter will not be released to anyone not specified above, unless written notice is provided to the GSA Office. The individual specified must present a valid driver's license/or other approved identification prior to student being released to them.

Parents are encouraged to inform the GSA Office of any changes to residential and/or mailing addresses, phone numbers, or other personal, pertinent information as soon as the change occurs so that student records can be updated to ensure that we are able to contact you should an emergency arise with your daughter while she is at GSA.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date