

ST. LUKE SUMMER PROGRAM- EMERGENCY CONTACT/PICKUP FORM

Summer 2026

Please note: We will need one form for **each child.**

Group Name: _____ Weeks Attending: _____

Days Attending: _____ Hours Attending: _____

Child's Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Child's Date of Birth: _____ Sex: _____ Allergies: _____

Mom's Name: _____

Dad's Name: _____

Mom's Cell #: _____

Dad's Cell #: _____

Mom's Work #: _____

Dad's Work #: _____

Mom's Email: _____

Dad's Email: _____

Occupation: _____

Occupation: _____

Child's Source of Medical Care/Primary Care Physician's Name: _____ Phone #: _____

Child's Dentist Name: _____ Phone #: _____

Name of Medical Facility/Hospital: _____ Phone #: _____

In case of an emergency, if I cannot be reached, I hereby give my permission to St. Luke to seek emergency medical treatment for my child. _____ Yes _____ No

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on this form) necessary for the proper health and well-being of my child. _____ Yes _____ No

Please indicate who we can contact in case of an emergency and who is authorized to pick up your child when you are unable. (Please, do not list a parent, you are the first we will call).

| | <u>Pick Up</u> | <u>Emergency</u> |
|--|-----------------------|-------------------------|
| Name: _____ Relationship To Child: _____ | _____ | _____ |
| Home Phone: _____ Cell Phone: _____ | | |
| Name: _____ Relationship To Child: _____ | _____ | _____ |
| Home Phone: _____ Cell Phone: _____ | | |
| Name: _____ Relationship To Child: _____ | _____ | _____ |
| Home Phone: _____ Cell Phone: _____ | | |

Parent Signature: _____ Date: _____