



**THE CATHOLIC HIGH SCHOOL OF BALTIMORE
SUMMER PROGRAM EMERGENCY FORM**

Program Title: _____

Student Name: _____ Birth date: _____

Brief Medical History:

() Asthma () Seizures () Diabetes () Allergies _____

() Other _____

Current Medicines _____

Date of last Tetanus vaccine _____

Please provide the Prescription Form completed by a doctor for each medication your child may need during the program (i.e. Inhaler, Epi pen, etc.)

Parent/Guardian: _____

Phone: Home: _____ Work: _____

There may be a time when we will be unable to reach parents/guardians in the event of an emergency or if a student needs to be sent home due to illness. Please list one person with reliable transportation who we should contact if it becomes necessary.

Name: _____

Phone: _____ Relationship: _____

I give *The Catholic High School of Baltimore* permission to contact the person named on this form as deemed necessary for the health of the student. I give TCHS permission to call 911 as deemed necessary for the health of the student.

Parent/Guardian signature: _____

Date: _____

Please return this form ASAP to: TCHS Summer Program
2800 Edison Highway
Baltimore, MD 21213
Fax # 410-732-7639