

Seton Montessori Summer Camp
5728 Virginia Avenue, Clarendon Hills, Illinois 60514
Phone (630) 655-1066

2024 SUMMER CAMP PERMISSION AND EMERGENCY SLIP

Child's Name: _____ Child's Birthdate: _____

Program Level: Young Toddler Toddler Early Childhood Elementary Junior Helper
Program: Half Day All Day

Yes No I give my permission for my child to go on field trips conducted by Seton Montessori Summer Camp.
(Any off-campus travel will require a specific permission form to be signed for each field trip.)

Yes No I give my permission for my child to be given emergency first aid treatment in case of an accident.

Yes No I give my permission for my child to be taken to the hospital with a Seton Summer Camp Staff Member in
the case of an emergency. (Parents will be contacted.)

Yes No I give my permission to have the staff at Seton Montessori apply sunscreen/insect repellent
(which I have supplied) to my child.

Yes No I give my permission for involvement of my child in educational research done at Seton Summer Camp.
(i.e., observations by adults in Seton's teacher education programs)

_____ Signature _____ Date

In Case of Emergency:

Parent #1 Name: _____

Please provide phone numbers in the order of priority for reaching you in case of an emergency:

- 1. Phone #: _____ Home Cell Work
- 2. Phone #: _____ Home Cell Work
- 3. Phone #: _____ Home Cell Work

Parent #2 Name: _____

Please provide phone numbers in the order of priority for reaching you in case of an emergency:

- 1. Phone #: _____ Home Cell Work
- 2. Phone #: _____ Home Cell Work
- 3. Phone #: _____ Home Cell Work

Allergies: _____

If present, does allergy cause an anaphylactic reaction? Yes No

Medications: _____

Health Conditions: _____

Prohibited Foods: _____

Physician's Name: _____ Physician's Phone: _____