



OUR LADY OF SORROWS
PRE-K - 8
CATHOLIC ELEMENTARY SCHOOL

OUR LADY OF SORROWS SCHOOL

Our Lady of Sorrows-Saint Anthony Parish, Hamilton, NJ

2019 SUMMER CAMP EMERGENCY INFORMATION



FIRST AID PERMISSION AND EMERGENCY PERMISSION

NAME OF CHILD: _____

I GIVE MY PERMISSION FOR FIRST AID TO BE ADMINISTERED TO MY CHILD. IN THE EVENT OF EMERGENCY, THE SCHOOL WILL CALL THE PARENTS OR EMERGENCY NUMBERS PROVIDED BY THE PARENTS AND 911 IF NECESSARY. IF EITHER THE PARENTS OR EMERGENCY CONTACTS CANNOT BE LOCATED, I GIVE MY PERMISSION FOR EMERGENCY TREATMENT TO BE PROVIDED FOR THE ABOVE LISTED CHILD.

I AGREE TO PROVISIONS OF EMERGENCY CARE AND HOSPITALIZATION IF IT IS NECESSARY FOR MY CHILD.

Signature of Parent or Legal Guardian: _____

Date: _____