

MONROE 1 BOCES
COOPERATIVE SUMMER SCHOOL

Emergency Contact and Medical Information Form

Student Name: _____ Date: _____

Date of Birth: _____ Home Phone#: _____

Address: _____

[city] [state] [zip]

Father's Name/Guardian: _____ Work #: _____

Home Phone#: _____ Cell#: _____ Email: _____

Mother's Name/Guardian: _____ Work #: _____

Home Phone#: _____ Cell#: _____ Email: _____

Alternate Emergency Contact:

Name _____ Relationship _____ Phone#: _____

Health problems (please specify): _____

Medications (name, time, dosage): _____

Allergies (please specify): _____

Additional comments: _____

Any changes in personal information during summer school, please notify the Cooperative Summer School main office.

Please complete and return this form with your son/daughter on their first day of summer school. Thank you!