



## SUMMER WORKSHOP/CLINIC STUDENT EMERGENCY FORM

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical/Health Conditions: \_\_\_\_\_

By signing this document, I give The Catholic High School of Baltimore permission to call 911 as deemed necessary for the health of the student.

**Please initial:** \_\_\_\_ I give *The Catholic High School of Baltimore* permission to take and use photographs of my child for promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If your child has an inhaler, EpiPen, or other Medication that they may need during their time at TCHS, please enclose a copy of your child's doctor's orders from her current school and have your daughter bring the medication to the Nurses Office when she arrives for the workshop/clinic. Thank you.*