



# SAINT PAUL

## DIOCESAN JR/SR HIGH SCHOOL

### SAINT PAUL SUMMER ART PROGRAM EMERGENCY CONTACT INFORMATION 2024I/

We the parents/guardians of \_\_\_\_\_, hereby allow our child to participate in the Saint Paul Summer Art Program from July 8-10 and July 15-18, 2024.

In the event of an emergency every effort will be made to contact the parents/guardians however, if my child requires immediate medical attention, I/we waive the right of approval. I agree to allow medical personnel to attend to my child in case of emergency.

My child has the following special medical needs ie. Diabetes, allergies to medicine, medical requirements. Please include dietary restrictions

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**Medical insurance provider:**

**Our policy number:**

**Primary Care Physician name and phone number:**

**Phone numbers where we may be reached during the day:**

**Name and phone number of at least two other emergency contacts:**

- 1.
- 2.

**Persons who are permitted to pick up my child are (please list names and relationship to your child):**

**Date** \_\_\_\_\_

**Signature(s) of Parent(S)/Guardian(S)** \_\_\_\_\_