## THE SEVEN HILLS SCHOOL EMERGENCY MEDICAL AUTHORIZATION



Name (First, Middle, Last)	Preferred	Date of Birth	Grade	Homeroom (if applicab
Address Cit	/, State, Zip		Telephone	TSHS ID #
Parent/Guardian 1 Name	Home Phone	Cell Phone	/Pager	Business Telephone
Parent/Guardian 2 Name	Home Phone	Cell Phone	/Pager	Business Telephone
	other than the parents to whom we m			
Emergency Contact 1	Area Code & Phone	Address		Relationship
Emergency Contact 2	Area Code & Phone	Address		Relationship
Preferred Doctor	Area Code & Phone	Address		
Preferred Dentist	Area Code & Phone	Address		
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## Seven Hills Summer Program Release Form

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Please print:			
Camper's Name:			
first	last		
Parent/Guardian:	Phone:	Cell:	
My child may be released	from Seven Hills Summer to: (Parer	nt/Guardian name (s) must be included on this form)	
Name	Relationship	Phone	
	·	Please see reverse for additional space.	
	Photo ID is required before child	will be released.	
If anyo	one other than those listed on this car		
you must	send a note in advance giving us pe		
	No phone calls will be a	ccepted.	
D 1/C 1: C: :		D .	
Parent/Guardian Signature:		Date:	