



Child Emergency Awareness Form

S.A.G.A. Program

Childs Name: _____

Date _____

Allergies	List: _____ _____ _____
Epi Pen (Please send in with label/Name)	Check one: Yes: _____ No: _____
Emergency Contact (Name) 1. _____ 2. _____	Phone Number: 1. _____ 2. _____
Medication/s (Please send in with label/Name for child, staff can only remind child to take medications they cannot help administering Medications)	List: _____ _____ _____
Camp snack approved (one snack provided per day)	Check one: Yes: _____ No: _____
Additional Information	
Photo Permission	Check one: Yes: _____ No: _____
Walker/Biker Permission To and from S.A.G.A. Program (If yes, must send child with a note.)	Check one: Yes: _____ No: _____
LoConte Rink Skate Rentals Needed (\$5 cash everyday your child rents)	Check one: Yes: _____ No: _____ Number of days renting: _____

Parent/Guardian/Caregiver Signature: [Click or tap here to enter text.](#) Date: [Click or tap here to enter text.](#)