JEI Learning Center Floral Park/ Little Neck

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20 MEDICAL ALERT CARD (Note: One medical alert card filled out per child) Student Name: _____ Parent / Guardian Name:______Work:_____ Relationship: _____ Email: ____ Parent / Guardian Name: Work: Work: Relationship: _____ Email: _____ In order for camp to successfully meet the safety needs of your child, please provide us with the following information: Insurance/Medical _____ Policy # _____ Other Medical +/or Accident Insurance Family Physician Name: Physician Phone:_____ ALLERGIES. MEDICATIONS EMERGENCY CONTACT PHONE #'S & RELATIONSHIP TO CAMPER Allergies: Medications: Emergency Contact Cell# Relationship Release: In case of emergency and I cannot be reached, I authorize JEI LEARNING CENTER FLORAL PARK LITTLE NECK staff to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I hereby release, indemnify and hold harmless JEI LEARNING CENTER FLORAL PARK LITTLE NECK staff from any and all claims arising out of injury to my child. I also agree to accept full financial responsibility for medical care provided to my child in case of an emergency. Parent Print Name_____

Parent Signature _____ Date _____