



Summer at the Center

Please complete entire form. Write "n/a" for those not applicable.

Student First Name:

Student Last Name:

Date of Birth:

Home School:

Emergency Contact Information #1:

Name:

Best Phone Number:

Relationship:

Cell

Work

Home

Emergency Contact Information #2:

Name:

Best Phone Number:

Relationship:

Cell

Work

Home

Medical Alerts please fill in the following

Health Problems:

Hospital Preference:

Care plan?

No

Yes

If yes, please attach copy

Medications taken at school?

No

Yes

If yes, please list and attach any pertinent orders:

Allergies to Any Substance:

Need for Benadryl & Epi-Pen?

No

Yes

Special Concerns

Return completed form to BOCES 2 CWD Admissions:

fax: 585-349-9101

email: cwdinfo@monroe2boces.org

