



MEDICAL/EMERGENCY FORM

Literacy and the Arts, Summer 2025

Tufts University/Student Financial Services
Dowling Hall, 419 Boston Avenue
Medford, MA 02155

Please send a copy of your child's immunization record with this form. Thanks!

CHILD'S NAME: _____

PARENT/GUARDIAN: Home Address: Street: City: Zip: Home Telephone: Cell:	PARENT/GUARDIAN: Home Address: Street: City: Zip: Home Telephone: Cell:
Name of Employer:	Name of Employer:
Address:	Address:
Telephone:	Telephone:
Work Hours:	Work Hours:

If parents/guardians cannot be contacted, I authorize the school to notify and release my child to the following individuals:

- Name:** _____ **Relationship:** _____
Address: _____ **Phone:** _____
- Name:** _____ **Relationship:** _____
Address: _____ **Phone:** _____
- Name:** _____ **Relationship:** _____
Address: _____ **Phone:** _____

Signature: _____
(Parent/Guardian)

Date: _____

Child's Physician/Clinic:

Doctor: _____

Telephone: _____

Clinic Address: _____

Medical Information:

To protect the health of all campers and counselors, we are requiring all participants to be vaccinated for Covid 19. Please attach a copy of your child's vaccination record to this form. Thanks!

Please provide any pertinent medical information we should have about your child (including allergies and medication for ADHD).

Authorization and Consent:

Hospital:

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____. However, if I cannot be reached, I authorize the staff of Literacy & the Arts Summer Program to transport my child to _____ Hospital (or the nearest hospital) and to secure for my child the necessary medical treatment.

First Aid:

____ I authorize staff from the Literacy and Arts Summer Program to administer basic first aid to my child, when appropriate. This includes commonly used OTC products such as disinfecting sprays (e.g., Bactine, triple antibiotic ointment, and hydrocortisone cream).

Sunscreen:

____ I give permission for staff from the Literacy & the Arts Summer Program to apply sunscreen to my child.

Insurance:

____ I am attaching a copy of my current health insurance card for the child, to be kept on file.

Signature: _____

Date: _____

(Parent/Guardian)