

The Father Troike Summer Leadership Program Emergency  
Form

Student's Name: \_\_\_\_\_

Emergency contact: In case of an emergency, when the parents cannot be contacted please contact:

Emergency Contact Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Take to the hospital (check one) Yes \_\_\_\_ No \_\_\_\_

It is understood that the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.

Is there any medical problem, food allergy or disability we should be aware of?

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Parent Signature: \_\_\_\_\_