

ECGC Exploration Nation Summer School Enrollment Form

Child's Name _____

Address _____

City _____ State _____ Zip _____

Parent's Name _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Phone # _____

Doctor's Name _____ Phone # _____

Allergies or other medical issues we should be aware of: _____

I understand that in case of an emergency requiring medical treatment, I may not be available and that such treatment may be withheld without my prior authorization. Therefore, in case of injury or severe illness to my child while attending ECGC classes I authorize any licensed physician, nurse or hospital to render such emergency medical treatment to my child as they may deem necessary and desirable. I will cover all costs incurred during such emergency treatment.

Signature of Parent or Legal Guardian

Date