

TLC for Kids Summer Camp

Child's Name _____ D.O.B _____

Address _____

Father's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Person to notify in an emergency when parent CANNOT be reached:

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Child's Allergies and/or medical needs _____

Child's Doctor _____ Ofc. # _____

TURN OVER

Permission to seek medical care

Should _____ (child), born _____,

Suffer an injury or illness while in the care of TLC for Kids Summer Camp, its Director, or Staff shall be authorized to secure such medical attention and care for My/our child as may be necessary. I/we have provided current emergency contact numbers and medical information regarding this child on the reverse of this card.

I/we agree to keep TLC for Kids Summer Camp informed of any changes in that information. I further agree to be financially responsible for any medical care secured by TLC for Kids Summer Camp for my/our child.

Insurance Company _____ Policy # _____

Parent Signature _____ Date _____

Note: TLC for Kids Summer Camp will typically take child to Eastside Medical Center.