

TLC for Kids

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.