



## TVCTV Kids Kamp Medical Information

Please complete the following information and return it to TVTV on or before the first day of class. In the event of an emergency, every effort will be made to contact the parents prior to treatment.

Student  
Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent's/Guardian's Names  
Mom \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Dad \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Emergency Contacts (someone who can pick up your child)

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Medication:  
Allergies \_\_\_\_\_

Last Tetanus shot \_\_\_\_\_

Insurance Company/Policy# \_\_\_\_\_

I authorize TVCTV to seek medical attention where necessary and prudent at the nearest hospital or clinic.

\_\_\_\_\_  
Date/ Signature