

2019 TCA SUMMER ADVENTURE CAMP

EMERGENCY FORM (COMPLETE ONE PER FAMILY)

<<<Please place an * by the parent phone number below that we should call FIRST if we need to reach you immediately>>>

Parent's/Guardian's Name: _____ Allowed to pick up child(ren) (circle one): Yes / No

H: () _____ W: () _____ C: () _____ Email: _____

Parent's/Guardian's Name: _____ Allowed to pick up child(ren) (circle one): Yes / No

H: () _____ W: () _____ C: () _____ Email: _____

THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO PICK UP MY CHILD(REN) AND/OR MAY BE CONTACTED IF I AM UNABLE TO BE REACHED IN CASE OF AN EMERGENCY, ILLNESS, OR INJURY TO MY CHILD AS INDICATED BELOW. These people are responsible for providing transportation and caring for my child in my absence. TCA must have emergency numbers available for ALL students. *Please notify the school immediately of any changes.*

Name	Home #	Work #	Cell #	Authorized Pick Up	Emergency Contact
1. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL MEDICAL INFORMATION: TCA cannot administer any medication(s) without doctor's orders. All medications(s) must be in labeled prescription containers.

Name of Health Insurance Co.: _____ Policy #: _____

Family Physician/Pediatrician: _____ Phone #: () _____

CAMPER #1 INFORMATION

Camper's Name: _____ D.O.B: _____

Does your child take any medication regularly? Yes or No (Circle One) If Yes, complete the information below:

Medication Name(s): _____ Dosage: _____

Times Administered: _____ Purpose of Medication: _____

Possible Side Effects of Medication on Behavior or Ability to Perform in Camp Activities: _____

Please note any medical problems not listed above (allergies, asthma, etc.) of which we should be aware. Also note any related special instructions.

Problem(s): _____

Instructions: _____

Activity Restrictions: _____

Does your child wear glasses? _____ Contacts? _____ Braces? _____

CAMPER #2 INFORMATION

Camper's Name: _____ D.O.B: _____

Does your child take any medication regularly? Yes or No (Circle One) If Yes, complete the information below:

Medication Name(s): _____ Dosage: _____

Times Administered: _____ Purpose of Medication: _____

Possible Side Effects of Medication on Behavior or Ability to Perform in Camp Activities: _____

Please note any medical problems not listed above (allergies, asthma, etc.) of which we should be aware. Also note any related special instructions.

Problem(s): _____

Instructions: _____

Activity Restrictions: _____

Does your child wear glasses? _____ Contacts? _____ Braces? _____

CAMPER #3 INFORMATION

Camper's Name: _____ D.O.B: _____

Does your child take any medication regularly? Yes or No (Circle One) If Yes, complete the information below:

Medication Name(s): _____ Dosage: _____

Times Administered: _____ Purpose of Medication: _____

Possible Side Effects of Medication on Behavior or Ability to Perform in Camp Activities: _____

Please note any medical problems not listed above (allergies, asthma, etc.) of which we should be aware. Also note any related special instructions.

Problem(s): _____

Instructions: _____

Activity Restrictions: _____

Does your child wear glasses? _____ Contacts? _____ Braces? _____

Authorizations:

I (We), the undersigned legal parent(s) or guardian(s) of the above minor child(ren), do constitute and appoint the TCA Staff, presently employed as my (our) lawful agent to do and execute, or to concur with persons jointly interested with myself (ourselves) therein in doing or execution of and consent to any necessary medical treatment and/or hospitalization which, in the opinion of my (our) said agents, is necessary or desirable for the well-being of my (our) child(ren), and to make any other decisions on behalf of my (our) child(ren). I (We) give permission for the school administration to share health information about my (our) child(ren) with the appropriate faculty and staff members and emergency personnel.

Parent/ Guardian Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____