

EMERGENCY CONTACT FORM

Summer Adventure Camp



Tehachapi Valley
Recreation & Park District

CHILD'S NAME: _____

DATE OF BIRTH: _____

AGE: _____

MEDICAL CONDITIONS: _____

ALLERGIES: _____

CURRENT MEDICATIONS: _____

FAMILY DOCTOR: _____

DOCTOR'S PHONE: _____

PARENT'S / GUARDIAN NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

ALTERNATE CONTACT'S NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

ALTERNATE CONTACT'S NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

Notes:

*A NEW EMERGENCY CONTACTS SHEET MUST BE SUBMITTED YEARLY AND EVERY TIME INFORMATION CHANGES.