

2012
KIDCAM, L.L.C.
STAFF EMERGENCY INFORMATION SHEET

Camp Name _____

Name _____

Address _____

(City)

(State)

(Zip Code)

Cell Phone _____ Social Security # _____

Age _____ Birthdate _____

Name of Spouse or
Parent _____

Cell Number of
Spouse/Parent _____

Are you on any daily medication? _____ List _____

Are you allergic to anything? _____ List _____

Do you have any restrictions? _____ List _____

Family/Friend to Contact:

Name _____ Home # _____ Cell # _____

Relationship _____

Name _____ Home # _____ Cell# _____

Relationship _____

Name _____ Home # _____ Cell# _____

Relationship _____

Physician _____ Phone # _____

Preferred Hospital _____