

2010
KIDCAM, L.L.C.
STAFF EMERGENCY INFORMATION SHEET

Camp Name _____

Name _____

Address _____

(City) (State) (Zip Code)

Home Phone _____ Social Security # _____

Age _____ Birthdate _____

Name of Spouse
or Parent _____

Work Number of Spouse/Parent _____ Cell: _____

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 # _____ Work/Cell # _____

Relationship _____

Name _____ Home # _____ Work/Cell # _____

Relationship _____

Name _____ Home # _____ Work/Cell # _____

Relationship _____

Physician _____ Phone # _____

Preferred Hospital _____