



## Video Explorers Summer Workshop Emergency Information Form

August 9<sup>th</sup> – 20<sup>th</sup>, 2010 Monday - Friday, 9:30am – 3:30pm

PACTV, 4 Collins Avenue, Plymouth, MA

(This form must be filled out and submitted along with the Workshop Fee of \$325 to complete registration) If you have any questions, please call 508 830-6999.

Child's Name \_\_\_\_\_

Name, of Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Relevant Medical Information (Allergies, asthma, etc.) \_\_\_\_\_

Medications \_\_\_\_\_

If your child requires medication during workshop hours, a parent or guardian must be available to administer medication.

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case of accident or illness, PACTV has my permission to secure medical attention as deemed necessary if unable to communicate with me directly.

Parent/Guardian Signature: \_\_\_\_\_

Adults (18 or older) allowed to pick up or drop off your child:

Name

Address

Relationship to child

Home phone

cell phone

work phone

Please list 2 emergency contacts we can reach during workshop hours (9:30-3:30).

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_