Application Form
Teenpreneurship Summer Camp 2022

Child/Participant

First Name _____ Middle _____ Last _____
School Name _____ Grade _____
Date of Birth _____/_____/_____ Age _____
Street Address _____
District _____ P.O. Box _____ KY1- _____
Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First_____Last_____
Street Address _____
District _____ P.O. Box _____ KY1-_____
Home Phone _____ Work Phone _____
Cell phone _____
E-mail _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:
1: _____ 2: _____
3: _____

Child/Participant

First Name _____ Middle _____ Last _____

Medical Information

Primary Physician_____
_____

Address_____
_____

Phone_____ Hospital Preference_____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required treatment	Should paramedic be called?
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes__ No__ If yes,
explain:_____

Is your child allergic to any type of food or medication?
Yes__ No__ If yes,
explain:_____

Does your child require a special diet?
Yes__ No__ If yes,
explain:_____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.