

**Brownwood Lyric  
Children's Theatre Camp  
June 6th - 18th, 2011  
Registration & Medical Forms**

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**General Information:**

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

Age: \_\_\_\_\_ Grade in School (coming year) \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Contact Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

In An Emergency Notify (name): \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

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**Emergency Medical Information:**

Your doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Your pharmacist \_\_\_\_\_ Phone ( ) \_\_\_\_\_

List medications being taken (include over-the-counter medications taken daily.)  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies \_\_\_\_\_

List any known life-threatening physical problems \_\_\_\_\_

Date of last Tetanus injection \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_