

NORTH CAROLINA MUSEUM OF HISTORY

Medical Form

The programs offered by the North Carolina Museum of History involve many hands-on crafts and some field trips to local sites. **For the safety of all, we cannot permit a camper to participate in a camp without a completed and up-to-date medical form on file.** *This information is strictly confidential and will be handled as such.*

Name of Camp _____

Participant's Name _____ Preferred Name _____

Male Female School _____

Birth Date _____ Age (as of June 2019) _____ Grade Completed (as of spring 2019) _____

Parent/Guardian's Name _____

Address _____

City _____ State _____ ZIP _____ E-mail _____

Phone: work _____ home _____ mobile _____

Emergency Contact (other than parent):

Name _____ Phone _____ Relation _____

Name of Employer _____ Phone _____

Name of Doctor _____ Phone _____

Name of Dentist _____ Phone _____

Hospital Preference _____

Insurer _____ Policy Number _____

Check all that apply to your child, or write N/A for any that do not apply:

Allergies (type) _____

ADD/ADHD _____

Any additional diagnosed disabilities or special problems that require attention or we should be aware of (speech, hearing, respiratory, hyperactivity) _____

Medication _____

Special Circumstances _____

I certify that the information given above is complete and accurate to the best of my knowledge. I give permission for a North Carolina Museum of History representative to seek emergency care for my child in my absence.

Signature of Parent/Guardian (2019)

Date