



Haw River State Park Grand Camp 2021 - Medical Information Form

Please bring this form with you on the first morning of camp.

Name: _____ Rising grade: _____ School attending: _____

Address: _____ Gender: _____ Date of birth: _____

Parent or guardian (if applicable): _____

Address: _____

Home phone: _____ Cell phone: _____ Email: _____

Additional parent or guardian (if applicable): _____

Address: _____

Home phone: _____ Cell phone: _____ Email: _____

Emergency contact / other adult with permission to pick up child:

Name: _____ Phone number: _____ Relationship: _____

Name: _____ Phone number: _____ Relationship: _____

Insurance information Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier and plan name: _____ Group number: _____

Medical Information

Does the participant have any health concerns we need to be aware of, past or present?

Is the participant taking any medications currently that we need to be aware of?

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the park should be aware.

List all allergies:

List of medication allergies

Describe reaction and management of the reaction

List of food and other allergies

Describe reaction and management of the reaction

IMPORTANT:

I hereby give permission for Haw River State Park to seek medical treatment for my child in the event that I cannot be reached in an emergency. I hereby give permission to the physician selected by the park to secure and administer treatment, including hospitalization, for my child. Park staff is not allowed to administer medication.

Signature: _____

Printed name: _____ Date: _____