



# Haw River State Park Summer 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: \_\_\_\_\_

**IMPORTANT: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance?** Yes No If yes, state the type of exposure: \_\_\_\_\_

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: \_\_\_\_\_