

Emergency Information

Name _____ Birth date _____ Age _____ Sex _____
Address _____
Phone _____ E-mail _____

Emergency contacts:

Name: _____ **Relationship:** _____

Phone: Daytime _____ Other _____

Backup contact: _____ **Relationship:** _____

Telephone: Daytime _____ Other _____

Name of Doctor: _____ **Office Phone:** _____

Office Address: _____

Name of Dentist: _____ **Office Phone:** _____

Office Address: _____

Insurance Company _____ Policy number _____

other pertinent insurance information: _____

Is participant allergic to anything (food, drugs, insects, plants, etc.?) yes__ no__

If so, what? _____

If participant allergic to bee stings, does s/he have a bee sting kit? yes__ no__

If so does s/he know how to use it? yes__ no__

Has participant ever been in anaphylactic shock? yes__ no__

If so, please describe _____

Is participant taking any medications? yes__ no__

If so, please describe condition and medications: (If participant need to have medications given during camp, please fill out a dispensing medication form) _____

Has the participant been hospitalized and/or had any operations within the last year? yes__ no__

Does the participant have any chronic medical problems that require him/her to be under the care of a doctor? (Epilepsy, Asthma, Diabetes, Heart Condition, or any other?) yes__ no__

If so, please describe _____

What is the date of the participants last tetanus booster? _____

Are there any physical handicaps, fears/phobias, or other characteristics that may be helpful for the Clapping Hands Farm Camp staff to know about? _____

I hereby attest that the information above is correct. **In event of injury or illness, I give the Clapping Hands Farm Camp Staff and professional medical experts the right to provide medical treatment for the participant listed above.** I also give permission for Clapping Hands Farm Staff to provide sun screen and bug spray (Burts Bees variety) should my child need it during camp hours.

Signature _____ Date: _____

(If participant is under 18 years of age, parent or guardian must sign)