

# Emergency Information Form for Parents Attending with Children

**Please fill out one form per family and include information for all persons coming to Clapping Hands Farm (babies, multiple adults, older siblings etc.) Use back of page if more space is needed for answers**

Parent Name(s): \_\_\_\_\_

Full Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact:

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

Phone: Daytime \_\_\_\_\_ Other \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy number \_\_\_\_\_

other pertinent insurance information: \_\_\_\_\_

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**Please answer the following questions for each participant:**

Is any participant allergic to anything (food, drugs, insects, plants, etc.?) yes \_\_\_ no \_\_\_

List name(s) and describe allergy and reaction? \_\_\_\_\_

Is any participant allergic to bee stings,? yes \_\_\_ no \_\_\_ Name(s): \_\_\_\_\_

Does s/he have a bee sting kit? yes \_\_\_ no \_\_\_ and does s/he know how to use it? yes \_\_\_ no \_\_\_

Has any participant ever been in anaphylactic shock? yes \_\_\_ no \_\_\_ Name(s): \_\_\_\_\_

Description of reaction: \_\_\_\_\_

Is any participant taking any medications? yes \_\_\_ no \_\_\_

Please list the campers name, medications, and reason for the medication: \_\_\_\_\_

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Does any 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 \_\_\_

Name(s) of camper and condition: \_\_\_\_\_

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Are there any physical handicaps, fears/phobias, or other issues that may be helpful for the Clapping Hands Farm Camp staff to know about? yes \_\_\_ no \_\_\_

Name(s) of camper and description: \_\_\_\_\_

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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 sunscreen and bug spray (natural ingredients, no DEET) should my child need it during camp hours.

**Parent's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_