

Emergency Information

Participant Name _____ Birth Date _____ Age _____ Sex _____
Address _____ City/State _____ Zip _____
Home Phone # _____ Cell # _____

E-mail _____

Parent Name: _____

Work # _____ Cell # _____ Other # _____

Parent Name: _____

Work # _____ Cell # _____ Other # _____

Emergency contact: _____ Relationship: _____

Home# _____ Work# _____ Cell # _____

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, bees, plants, etc.?) yes ___ no ___ If so, what?
_____ 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 ___ If so, please describe _____

Does the participant have any 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 participant's last tetanus booster? _____ Are there any physical disabilities, 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, LLC Staff and professional medical experts the right to provide medical treatment for the participant listed above.** I also give permission for Clapping Hands, LLC Staff to provide sunscreen and bug spray (natural ingredients, no DEET) should my child need it during camp hours.

Signature _____ Date: _____

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