

## 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)**

**(Over)**