

## 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)**

## Clapping Hands Farm

3348 Alston Chapel Rd., Pittsboro, NC 27312  
919-542-5599. [louiseok@mindspring.com](mailto:louiseok@mindspring.com)

### Agreement To Hold Harmless, Medical Release Statement, and Image Release

The Clapping Hands Farm camp provides an art and nature focused camp for children in an outdoor setting on a working farm. Activities in this program may include, but are not limited to: drawing, painting, printmaking, other arts and crafts activities, cooking, nature crafts, nature exploration, building shelters from natural materials, archery, fire making, animal tracking, singing, song writing, storytelling, dance, creative drama, puppet making, running games and other strenuous physical activity, kite flying, water play at our hand pump and well, pond exploration, canoeing on the pond, hikes, farm chores, interaction with horses, chickens, cats and dogs, walking along the road to a creek near the farm, swimming in natural bodies of water, travel down our ¾ mile one lane driveway when arrive to and leaving camp with parents or car pools, and more.

Risks inherent in these activities include, but are not limited to:

- exposure to biting insects, ticks, poison ivy, and poisonous snakes
- exposure to diseases carried by ticks and other biting insects
- walking, hiking, running and playing in hot or otherwise inclement weather
- falls from slipping on pond banks, or tripping on rocks, tree stumps, branches, and uneven terrain
- falling over board and drowning when canoeing on the pond (please note that the pond is shallow enough for an adult and most kids to stand up in and life jackets are required for canoeing.)
- injuries from use of sharp tools or glue guns and allergic reaction from exposure to paints, paper mache paste, cement, and other art materials during arts and crafts activities
- burns from gas range, camp fire, or hot food/liquids during cooking activities
- drowning or injury while swimming or playing in natural bodies of water
- accidents on the driveway
- risks normally associated with travel in a car driven by camp staff or the parent of one of the campers.

I, \_\_\_\_\_ of \_\_\_\_\_ (address),  
City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_ have legal custody  
of \_\_\_\_\_ and \_\_\_\_\_, minor(s) age (s) \_\_\_\_ and \_\_\_\_\_. I authorize Louise  
Omoto Kessel and Holmes Graybeal of Clapping Hands Farm, as well as the paid and volunteer camp  
instructors and counselors and in whose care the minor child/children have been entrusted, to lead the above  
named children in activities of the type listed above. I understand that there are risks inherent with the  
activities as well as with transportation to and from each area. I nevertheless voluntarily assume all risks of  
loss, damage or injury that may be sustained through my child's participation in camp at Clapping Hands  
Farm. I agree to hold Clapping Hands Farm, Louise Omoto Kessel, Holmes Graybeal, and other staff and  
volunteers, and landowners harmless for injuries which may occur during such activities or while being  
transported to and from such activity.

IMAGE RELEASE: I give permission for my/my child's image to be used for advertising, fundraising, and  
on the Clapping Hands Farm website. And also on Wendy Bannings Learn Outside website and in any of  
Wendy Bannings projects and publications. Wendy is a friend of our camp, an inspiring educator and a  
fantastic photographer. She sometimes takes pictures at camp for her projects and shares them with us and  
parents. NOTE: For security reasons names are not used with children's pictures in any of these places.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date