

## North Carolina Museum of History Medical Form

The programs offered by the North Carolina Museum of History involve many hands-on crafts and some field trips to local sites. In order to provide the best possible handling of any incidents, we need the following information. This information is strictly confidential and will be handled as such.

Participant's Name \_\_\_\_\_ Name called \_\_\_\_\_

Name of Camp \_\_\_\_\_

Male       Female      School \_\_\_\_\_

Birth date: \_\_\_\_\_ Age (as of June 2009) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: work \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_ email \_\_\_\_\_

Please list an emergency contacts (other than parent):

1. \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

\_\_\_\_\_  
Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_

Name of doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_

**Check all that apply to your child, or write N/A for those that don't apply:**

Allergies (type) \_\_\_\_\_

ADD/ADHD \_\_\_\_\_

Any diagnosed disabilities or special problems, which require attention or that we should be aware of (speech, hearing, respiratory, hyperactivity)? \_\_\_\_\_

Medication \_\_\_\_\_

Special circumstances \_\_\_\_\_

I certify that the information given above is complete and accurate to the best of my knowledge. I give permission for the North Carolina Museum of History representative to seek emergency care for my child in my absence.

Signature of Parent/Guardian \_\_\_\_\_