

Museum of the Cape Fear Historical Complex

Summer Camp Medical Form

Summer history camp involves many activities. **For the safety of participants, we need a completed medical confirmation form on file.** This information is strictly confidential and will be handled as such.

Name of Camper _____

Parent/Guardian's Name _____

Address _____

City _____ State _____ ZIP _____ Email _____

Phone: work _____ home _____ mobile _____

Parent/Guardian Employer or place of work: _____

Child's medical information

Name of doctor _____ Phone _____

Name of dentist _____ Phone _____

Hospital preference _____

If you think it is beneficial for the museum to have your child's insurance information on hand, please provide it below:

Insurer _____ Policy Number _____

Check all that apply to your child, or write N/A if it does not apply:

Allergies (type) _____

ADD/ADHD _____

Any diagnosed disabilities or special problems, which require attention or that we should be aware of, (speech, hearing, eye sight, respiratory)? Please attach a separate sheet or use the back if needed:

Medication (please list) _____

Special circumstances _____

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

Signature of Parent/Guardian _____ Date: _____