EMERGENCY CONTACT, HEALTH/MEDICAL HISTORY & AUTHORIZATIONS

Camper's Name: _____ ☐ Male ☐Female

Grade (2012-2013): _____ T-Shirt Size: YM YL S M L XL

Parent/Guardian Information

Contact 1	*Contact 2*
Name_____	Name_____
Day Phone_____	Day Phone_____
Cell Phone_____	Cell Phone_____
Relationship_____	Relationship_____

Email Address _____

Emergency Contacts/Alternative Persons Authorized for Participant Pick-up

In case of an emergency, we always try to contact the guardian(s) listed above first. If that is not possible, we will also need the names and numbers of at least one other contact (relatives/friends). **Only the adults listed below will be eligible for picking up the participant without a legibly written note signed by the parent/guardian listed above.**

Name_____ Phone_____ Relationship_____

Name_____ Phone_____ Relationship_____

Name_____ Name_____

Name_____ Name_____

Name_____ Name_____

Medical History

Allergies - Known allergies (medication, food, other) Also provide reaction and management of the reaction.

Allergy	*Reaction/Management of Reaction*
_____	_____
_____	_____

Chronic/Recurring Illnesses

☐ Asthma ☐ Headaches ☐ Diabetes ☐ Frequent ear infections

☐ Frequent colds ☐ Surgical history ☐ Other _____

Provide information about supportive health care needed for each checked item: _____

_____

- OVER - *Please complete front and back* - OVER -

Medications –List all medications being taken, including over-the-counter.

	Medication	Dose	Frequency	Reason
1.				
2.				

Additional Information (i.e. physical limitations, restriction on camp activities, disabilities, special diet, etc.) _____

AUTHORIZATIONS

Camper release

I hereby give my permission for the named camper to be released to any of the individuals listed on this form. I understand that any changes to this form or permissions to pick up the named camper must be in a legibly written note signed by the parent/guardian. I understand that the Mooresville Park & Recreation District staff may ask for photo identification of any individual who comes to pick up the named child.

_____ _____

Parent/Guardian Signature Date

Permission to attend field trips

I hereby give my permission for the named camper to attend field trips with the Mooresville Park & Recreation District.

Transportation will be by school bus or park van. I further understand that my child is expected to conduct himself/herself properly in route to and on the field trips.

I also waive and absolve the Mooresville Park & Recreation District, Mooresville Consolidated School Corporation, Town of Mooresville, staff and instructors from the above mentioned facilities from any liability for harm or injury which may occur in conjunction with that event.

_____ _____

Parent/Guardian Signature Date

Permission to provide medical services

I hereby give my permission for the Mooresville Park District to obtain needed medical services and transport to a hospital in case the named camper suffers illness or accident and the parent cannot be contacted.

I, the undersigned parent or guardian absolves the park of any responsibility in safeguarding our child's medication.

_____ _____

Parent/Guardian Signature Date

Receipt of Parent Manual

I have received the Pioneer Adventure Camp Parent Manual.

_____ _____

Parent/Guardian Signature Date