

EMERGENCY CONTACT AND MEDICAL FORM

The information requested on this page is confidential and for emergency use only. In the event of an emergency, this information will be used by Archaeology Adventures Camp staff and emergency personnel.

SECTION 1. BASIC CONTACT INFORMATION

Camper's Last Name	Camper's First Name	Camper's Middle Name
--------------------	---------------------	----------------------

IN CASE OF EMERGENCY, CONTACT:

1. _____
Name Relationship

Street Address	City	State	Zip Code
----------------	------	-------	----------

Telephone 1: _____ Telephone 2: _____ Telephone 3: _____

2. _____
Name Relationship

Street Address	City	State	Zip Code
----------------	------	-------	----------

Telephone 1: _____ Telephone 2: _____ Telephone 3: _____

CAMPER'S PHYSICIAN

Name	Phone
------	-------

CAMPER'S DENTIST/ORTHODONTIST

Name	Phone
------	-------

Name	Phone
------	-------

SECTION 2. INSURANCE INFORMATION

*******Please attach a photocopy of the policy holder's insurance card as proof of insurance.*******

Insurance Carrier: _____ Group or Policy #: _____

Address for Claims: _____

Policy Holder's Name: _____ Relationship to Camper: _____

Policy Holder's Date of Birth: _____ Policy Holder's Insurance ID #: _____

SECTION 3. HEALTH INFORMATION

1. Does the camper currently have any of the following? (If yes, please list or describe.)

- a. Drug allergies:

- b. Allergies to insect bites:

- c. Food allergies:

- d. Special dietary needs:

- e. Asthma:

- f. Dizziness or seizures:

- g. Activity limitations or restrictions:

- h. ADD/ADHD:

- i. Other health issues:

2. Please list any medications that the camper is currently taking:

3. Date of last medical check-up: _____ (must be after June 30, 2018 unless a check-up is scheduled to occur before the first day of camp):

My child, _____, has permission to engage in all camp activities except as noted above. The information provided on this form is accurate to the best of my knowledge, and I have indicated any special health conditions that should be known to camp staff and medical personnel. In the event of an illness or injury, I hereby give permission to medical personnel selected by the acting camp director to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby grant permission to medical personnel to secure and administer emergency medical treatment, including hospitalization, for my child.

Signature of Parent/Guardian: _____ Date: _____

I give permission to the Archaeology Adventures Camp staff to transport my child to and from camp activities. I also give permission to camp staff to use photographs and videos of my child in promotional materials.

Signature of Parent/Guardian: _____ Date: _____