

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 2010) _____

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 _____